TIMORE 18	
ľ	LTIMORE, 18

	8239 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 18236
1. PLACE o. COL	PRINCE GEORGE MARYLAND	II o STATE	b. COUNTY
	OR TOWN (If outside carporate limits, write Land give nearest town).	b c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
d. NA	E OF HOSPITALUT not in hospital, give street address) ISTITUTION ROLL MANOR	d. STREET ADDRESS 209, C. S.	LNE e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type	print) GUISEPPE A	LBANCSE 4. DATE OF DEATH?	ULY 10 Day Year 1958
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	TPB 4 1814	GE (In/years as birtheau) House 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
durin	LOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN most of Torking life, even if refired)	er ItALY	12. CITIZEN OF WHAT COUNTRY?
1/	NCENT ALBANESO	14. MOTHER'S MAIDEN NAME UN KN OWN 7. INFORMANT	0121
{Yes, no, or	Working Will yet give wor or dores of service) NONE	MIRS GERELMIN	4 CINOCCI, md
18.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	schlerosia -	INTERVAL BETWEEN ONSET AND DEATH
gav	ditions, if any, which rise to immediate (a), stating the <u>under-cause last.</u> DUE TO (b) DUE TO	ryocaulit	25
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR C	CCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCUP INTRIBUTING [] CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II a	
20c. T	AE OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. While of work 19 of work 1	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	Own) (County) (State)
	certify that I attended the deceased from 4	17, 195 8 to 7/10	195 That I last saw the deceased
ACTU SIGN	a / K B		e causes and an the date stated abave city or town, state) DATE SIGNED AS Talulton Care
PHYS	(Type) AKBOWIE		
REMIC	CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY AL (Specify)	OR CREMATORY 22 DOCATION	(City, town, or county) (State)
23. FUNER	IL DIRECTOR'S SIGNATURE ADDRESS 7	- LL 17/2 240. REGID BY RECHETRAR	HALL BEGISTRAR'S SIGNATURE

46 ABGISTRAR'S SIGNATURE

DATE BY RECHSTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08237

00)			R	eg, Dist. No.
o. COUNTY Prince	ce George's	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary)	(Where deceased lived. If institution: b. COUNTY	Residence before admission) Prince George's
b. CITY OR TOWN [If and give nearest town] Cheverly	outside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16		If autside corporate limits, write RUR	At and give nearest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in he	spital, give street address)	d. Street Address		e. IS RESIDENCE ON A FARM?
3. NAME OF	First	Widdle	6412 Greig	4. DATE Month	Day Year
(Type or print)			len	OF DEATH July	3 158
5. SEX Male	White WIDOWE		October 21.	lest birthday Mai	UNDER TYEAR IF UNDER 24 HRS. In this Days Hours Min.
10a. USUAL OCCUPATIO during most of warking NODE	ON (Give kind of work dane 10b. g life, even if retired)	KIND OF BUSINESS OR INDUST		e or fareign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		U. D. A.
James G. A	llen		Lennie R.	Bass	
	ER IN U. S. ARMED FORCES? 16.		James G. All	Address en, same as #	2
	my, which (b) Br	onchopneumonia			ONSET AND DEATH
3				MINAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
PRIMARY OF CONCAUSE OF DEATH.	NTRIBUTING	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	at I ar Port II of item 18.)	
20c. TIME OF INJUR Hour a. m. p. m.	Whit	Santa	CE OF INJURY (Home, for ory, street, affice bldg., et		(County) (Stote)
	not I toak chorge of the resulted from: Notural		, Suicide ,	Homicide, Undetermin	nquiry , and in my ned manner D
	James I. Boyd N. 22b. DATE THEREOF 7/5/58	22c. NAME OF CEMETERY OR Fort Lincoln		22d. LOCATION (City, town, or cost	unty) (State)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS tsville Md.		D BY REGISTRAR 246-REGISTRAN	

2072264XV6

they seemed	Marine Land		atagrasa soni	1
		For Minutes		Danvers.
	Perita star Star	fall poll 1	Atlense (10, to 8)	ebuthul
	mail martin	ditex		
	inobar 11, 1057		ot isk	11.95
.x .8 .1	Marginan			Tapping I
	Lemmie F. Pont		mII).	D come!
2 % 12 6810	dones of Alden,	entre		
		atment.		
	A	imewseroforacti		
		calmax		
	The second state	221	March.	
Sport Award 1			healt II nouse	
and passant in	old Crelenda			
		· for early see	ya sani-affan	

	1 8	311	WED	ICAL	EXAM	INEK.2	CERIII	FICA	IE OF	DEATH	Reg. Di	st. No.		
	o. COUNTY Pri	nce	George	18	M	ARYLAND	440 4404		Where decease	ed lived. If institu		nce befo	ore admi	ssion)
b	. CITY OR TOWN (III	outside corpore	ate limits, write RUF	RAL C.	LENGTH OF S	TAY IN 1b				orgle limits, write	RURAL and	give ne	arest to	wn)
	Upper Upper	Marl	boro	T:	ransie	ent	For	t Mo	nroe			8:	3 Y -	2/
C	. NAME OF HOSPITA	AL OR INST	ITUTION (If no	t in hospital	, give street or	ddress)	d. STREET					Ω		ESIDENCE
	In a f	ield	near	Stray	wberry	Hil:	470	D G	allic	k Drive	9			A FARM?
	NAME OF		First		Middl		los		4. DATE	Mont		Day		ear
	DECEASED (Type or print)	J	oseph	Earl		A7	linder		DEATH	July	6			8
5. 5	Male		OR RACE 7.		NEVER MAI	RRIED B.	DATE OF BIRTH		1920	9. AGE (In years fort birthday) 37 yrs.	IF UNDER			
0a	USUAL OCCUPATIO	ON (Give king	d of work dane if retired)	106. KIND	of Business ilitar	OR INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co		12. CITI	EN OF		COUNTRY?
3.	Joseph	Ale	xander	All:	inder		14. MOTHER'S Agn	MAIDEN	Mae I	owry				
15. Yes	WAS DECEASED EVE	RINU.S.	ARMED FORCES	16. soc	y 175-	No. 17. IN	FORMANT 602 Pe	rson	al ef	fects				
-	18. CAUSE OF DEAT	H [Enler o	nly one cause p	er line for (a), (b), and (c)	.]							AL BETWE	
H	PART I, DEAT	H WAS CAL	USED BY:	He	morrh	age a	nd sho	ck				ONSET	AND DEA	ПН
	8/10	MMEDIATE	DUE TO											
	Canditions, if an	v. which		Mu	ltiple	ecru	shing	and	lacer	ating	injur	ie	5	
	gave rise to immed	liate cause	(b)		-							-		
	(a), stating the u	inderlying	61	A	irplan	ne ac	cident							
ATION	PART II, OTH	ER SIGNIFIC	CANT CONDITIO	ONS CONTR	RIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART			AUTOPSY RMED?
TIFE	200. EXTERNAL CAU	SE WAS	20b. D	ESCRIBE HO	W INJURY O	CURRED. (E	nter nature of in	jury in Par	rt I or Port II e	of item 18.)				L
CER	200. EXTERNAL CAU PRIMARY DOOR CON CAUSE OF DEATH.	ATRIBUTING			ane c									
3	20c. TIME OF INJUR	Y Mon1	h, Day, Year	20d. INJU	RY OCCURRED	20e. PLAC	E OF INJURY	Home, form	m, 120f. (City	or tawn)	(Cou	nty)		(State)
MEDI	5 130 XX	7			Not while	J 'ogr	TeT'doffice	bldg., etc	Upr		lbor		. G.	Md.
	21. I certify th					-		Autaps	sy 🔲, In	spection *	Inquir	、大工	an	d in my
	opinion death	resulted	from: Nat	ural caus	ses A	ccident	X Suicide	e 🔲,	Homicide	, Undete	rmined n	anne		
	ACTUAL SIGNATURE	m	er	If	20	ny	CHIEF N	MEDICAL E	XAMINER [DATE S	IGNED
	EXAMINER'S NAME (Type)	Jame	s I. I	Boyd		0			EXAMINER 2	- Tan	ly 6	, 19	958	
720	BURNAL, CREMATION REMOVAL (Specky)	N. 226. DA	, , ,	58 nc.	NAME OF CE	METERY OR	CREMATORY		122d. LOCAT	ION (City, town, of	E W.	s d	Store)
13,	UNERAL DIRECTOR	S SIGNATU	-		ADDRESS		WASH.	240. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIG	-	E	
1	INALD: FU	NEZH	1 Home	8	16 HST.	N.C.	J.C.	DATE 11	11 1 0 '58	3 ale	Leau	eh		

MEDICAL EXAMINER S CARTIFICATE OF SILL IN orthisis . La Mark Company tout and the second of the second of the second of the own of the later of the later of The country of the co

4		1
HE	OR AL	STA
Page	E	(
ssary. P	your fi	
is nece	ed for	-
r delay	loin Atah	er deat
If any	may be	urs of
r death.	Page 5	n 72 ho
oges 1.	PM3.	T.
24 hou Give P	File r	my eve
within 18.	ng will	nd in a
seculed within 24 hours after death. If any delay is necessary. Please in them 18. Give Pages 1, 2, and 3 to the funeral director. Page min	ice ofo	aval, and in any event within 72 hours after death.

8	MARYI 240 MI		TATE DEPA				LTIMORE, F DEATH			539
Item 4 F1	Prince Geor	25/58 cres	GTE	RYLAND	a CTAYE	NCE (Where dece	ased lived. It instit b. COUN			
b. CITY OR TOWN and give neares tow	If outside corporate limits, wri	-	c. LENGTH OF STA				orporote limits, write	RURAL and	give nec	rest town)
Hya	ttsville TAL OR INSTITUTION	(If not in hos	7 year		d. STREET ADD	rattsvil	le			e. IS RESIDENCE
6404 Knol	lbrook Driv	78			6401	Knollb	rook Driv	е		YES NO
3. NAME OF DECEASED (Type or print)	Mier	Leste	Middle An	derso	Lost	4. DATE OF DEATH	July Mon	/13/	Doy 16,	Yeor 19 58
5. SEX			D NEVER MARRI	ED 8.		1905	9. AGE (In years lost birthday) 52 yrs.	Months I	1 40 110	F UNDER 24 HRS Hours Min.
100. USUAL OCCUPAT during most of work Ass t film	ION (Give kind of working life, even if relired)	done 10b. K	ind of Business o	fense				12. CITIZ		WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MA	IDEN NAME		1		
	rles: H. And		SOCIAL SECURITY NO	0 117 101	FORMANT	ry Steen				
[Yes, no, or unknown]	Ilf yes, give wer ar dates o		SOCIAL SECORILI NO	J. 17. IN		derson:	same addr		# 2	
Conditions, if gove rise to imm (a), stating the couse lost.	underlying DUE TO		Acute cong Cardiovasc	uler	renal di	sease.				
S	THER SIGNIFICANT CON							VEN IN PART		WAS AUTOPSY PERFORMED?
PRIMARY OF CO	ONTRIBUTING	106. DESCRIBI	HOW INJURY OCC	URRED. (Er	nter noture of injury	in Part I or Part	II of item 18.}			
20c. TIME OF INJU		While	NJURY OCCURRED Not while	20e. PLAC	E OF INJURY (Homery, street, office bld	e, form, 201. (C	ity or town)	(Cou	nty)	(Stote)
	John T.	Notural of	loner	_	, Suicide [M.D. CHIEF MEDI ASSISTANT		July	Inquir	nanner	and in my
220. BURIAL, CREMATI REMOVAL (Specif Burial	July 18				CREMATORY Cemeter		ATION (City, lown, mar Mano			(State)
F. Gasc	r's SIGNATURE h's Sons H	yatts	ADDRESS Md	•		TE 111 2 1	STRAR 246. REG	ISTRAR'S SIG	1	

VS. A15ME 5M 2/57

Cay refer toposition and a Leaver Saderada ere a limited to the state of t And the Land of the Control of the C morrison . H barran. The second secon ananati Larry tra Conserva Eproli words I. the company of the company to sales had . In the second district the second is

以	1	J		
OSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4		JNERAL DIRECTOR: After this certiff the has been signed by the attending physician and completely first in by the funeral director,	je 3 shauld be detoched for use as we burial-transit permit. Then please remove carbon appers. Page 1 and 2 shauld be med with	1
after death		the funerol	should be	~
4 hours		in by	Cond 2	
within 2		stely fil	Pag	
executed		nd cample	m popers	deoth
ficote be		ysician o	ove corbe	ours offer
eath certi		ending ph	lease rem	ithin 72 ho
that the d		by the att	Then b	y event w
requires	an.	n signed	isit permi	no ui bue
The low	ng physici	e has bee	ourial-tran	emaval, o
SICIAN:	r offengli	certif	e as we b	tian, ar t
ING PHY	aspitol o	fter this	ed for use	al, crema
ATTEND	by the h	CTOR: A	e detoche	ir to buric
ITAL OR	retained	RAL DIR	shauld b	strar pric
OSP	pe	SNE	e 3	regi

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 5.7 Film 231 7-9-58 et CERTIFICATE OF DEATH Reg. Dist. No.
1	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) 8 yrs c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Lanham
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rt. 1 Box 156 e. IS RESIDENCE ON A FARM? YES NO P
3	NAME OF DECEASED (Type or prinGLARA BINGHAM ARLEDGE Last OF DEATH July 1 Day Year 58
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	On USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Own home 10. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (State or foreign country) III linois 12. CITIZEN OF WHAT COUNTRY U.S.A.
13	Lewis L. Sutherland Clara Mosley
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arthur E. Arlegge Lanham Md.
	33/X IMMEDIATE CAUSE (a) CENTROVASCULLON ACCIDENT DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Hypertension DUE TO (c)
MOITATIETOR	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from april 28, 1951, to fining 1, 1958, that I last sow the decease alive an fine 12, 1958, and that death occurred at M, from the causes and an the date stated above ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE ACTUAL SURFACE PHYSICIAN'S NAME (Type) Julius Kauffman Bladensburg, Md.
1	20. NAME OF CEMETERY OR CREMATORY Removal (Specify) 2/7/58 22c. NAME OF CEMETERY OR CREMATORY Colman Manor Md.
23	Francis Gasche s Sons APOSESS Baltimore Ave 240. REC'DIN REGISTRAD 246. REC'DIN REGISTRAD 2

ALOE HEATH BUTTH BEET 18	MARYLAND STATE DE ARME
MTAJE ROST	
	TO TOLINA EMERGE ARTHUR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
the state of the s	
Manager of the second second second second second	
No. 1 Company of the	
Total County tenton	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	millou diffi man a thi and similar

VS A1S (4) 1SM 9/5S

00

I

0

MARYLAND	STATE DE	PARTMENT	OF HEA	LTH-BALTIM	ORE, 18

2212	CERTIFICATE	OF DEATH

001				Kadi Di	
1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virgini	b.	If institution: Resident COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Villa Heights Md	6 months	c. CITY OR TOWN (IF o	viside carporate limit	s, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (if not in hospital, give street of the street of th		d. STREET ADDRESS Walnut St			IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) Martha	Middle Ann Armentrou	Last	4. DATE OF DEATH	Month July	17, Yeor 19 58
O T	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 26, 187		(In years IF UNDER thday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during prost of working life, even if retired)		STRY 11. BIRTHPLACE (State Virginia	ar fareign country)		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME Johnathan Wample	r	14. MOTHER'S MAIDEN N	Funk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	_	rvin L Arment	rout Vi	Address lla Height	s, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Cerebrol o	releis n	luon	end.	5 yrs
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO 2
20c. TIME OF INJURY Month, Day, Year 20d	4-	D. (Enter nature of injury in I ACE OF INJURY (Home, form ctary, street, affice bldg., etc	, 20f. (City or town		Caunty) (State)
21. I certify that I attended the dece alive an 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 AURIAL, CREMATION 22b. DATE THEREOF	cased from 1 3 4 4 death 1 dea	mo 340 D Che	AM, from the capables (Street, city Capable Street)	causes and an floor town, state)	last saw the deceased he date stated abave. DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE FLASCLES CONS.	Jenry Fun attable	mal Jone 240. REC' DATE JU	D BY REGISTRAR L 2 1 '58	24h REGISTRAR'S SIG	ONATURE LEA

	HTARO RO ST		
	State of the state	and the same of	at excise earth
	is mive and make	o montes	
	mentrum dendit din an		
Carl Carl		rontmurth . m.	MARKET THE PARTY OF THE PARTY O
	Eyur , is am.		
		arolf ma	
			or personal formation of the second
Miller of Charles	AP A TO SERVE A TO SER		

OR STATE HEALTH DEPT.

director. T. your files. 24 hours offer Give Pages 1, 2 h form PM3. Po

	V	-60		- 1
.5		100	-	-
盂	60	3	E	
3	-	(0)	60	9
70	8	6	a.	
0	-	70	-	
P	42	41	90	7
9	.=	U	0	1
8	1	46	-	1
	č	0	0	1
۵	a	100	-	1
P	65	60	P	ď
200	0 404	C	0	
HC	1	Ē	5	3
69	6	0	0	0
4	5	S	D	1
8	2		0	1
4	Q.	0	D	1
t	2	-	(D	
3	D	2	1	Š
107	0	3.	1	d
三	3	96	20	3
f	0		P	
o.	끈	Ü	S	4
H	(7)	61	6.3	1
\leq	E	ř	96	
₹	Ė	_	0	-
4	3	2	0.,	
×	41	0	DK.	i
	9-	5	0	1
A	00	5	5	-
Ü	14.	3	E	٩
0	the last	7	8	-
W	9	7	a	(
₹	0	0	-4	1
>	£	22	A	
E	4)	P	×	ď
2	5	2	ž	
B	Ü	h	5	d
Ω	×	40	-	
0	0	4	0	•
-			l-as	
ve	execute the certificate, writing the word "pending" in pencil in Item, 18. C	151	ME	
13			Aig	
5	M ?	1/3	1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Mag. D.	31. 140.		
1. PLACE OF DEATH o. COUNTY	Prince Georg	es	MA	ARYLAND	2. USUAL RESIDENCE (b. COUN	_	Geo.	odmission)	
b. CITY OR TOWN and give negres? to	[If pulside corporate limits, write wn]	RUPAL	c. LENGTH OF STA	AY IN 1b							
Che	verly		D.O.A.		23 Blad	ensbur	3				
	ITAL OR INSTITUTION (I			iress)	d. STREET ADDRESS	w		7.		IS RESIDENCE	
Prince Ge	orges:Genera	al Hos	pitel		4205	53rd :	Street A	ive.		S NO	
3. NAME OF DECEASED (Type or print)	John Firs	Lee	Middle Augus		Last	4. DATE OF DEATH	July		Doy	Yeor 19 58	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARE	RIED B	DATE OF BIRTH		9. AGE tin years	IF UNDER	YEAR IF	JNDER 24 HRS	
Male	white	WIDOWED	DIVORCE	10 0	4-8-01		57 yrs.	Months	Days Ha	urs Min.	
100. USUAL OCCUPAT	TION (Give kind of wark dising life, even if retired)	lone 10b. Kil	ND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign o	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY	
Clerk	ang me, even il terricoj	Ra	ilway Exp	ress	Dist. of	Colum	bia		U.S.A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	George Augu	aste			Do	ra Ada	ms				
15. WAS DECEASED E	EVER IN U. S. ARMED FOR		OCIAL SECURITY N	IO. 17. IF	FORMANT		Address				
free rot or ournown,	(ii yes, give war or opies of s		14-07-901	lk Je	hn L. Augus	te. Jr	. Silver	Hill,	Md.		
18. CAUSE OF DE	ATH Enter only one cou								TINTERVAL E	IFTWEEN	
	ATH WAS CAUSED BY		Strang		lon				ONSET AN	D DEATH	
Q CONTRACT	IMMEDIATE CAUSE (a)										
Conditions, if	- 4 1 1 3		Hangin	18							
gave rise to imm	rediate couse								-		
(a), stating the	the state of the s										
	THER SIGNIFICANT CONT	DITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GE	VEN IN PART	1/01/19 W	V28OTHA 2A	
72								7LIV WVI AKI		REORMED?	
	AUSE WAS ONTRIBUTING		nging	CURRED. (E	nter noture of injury in Po	ort I or Port II	of item 18.)				
20c. TIME OF INJ				20e. PLAC	E OF INJURY (Home, for	m, 20f. (City	or fown)	(Cou	nty)	(Stote)	
Hour a. m		58 of work	Not while of work		lome		densburg	, Pr.	Geo.	Md.	
21. I certify	that I took charge	of the re	moins describ	ed obo	ve, held on Autop	sy 🗔 I	nspection 🔀	Inquir	TT.	and in my	
	h resulted from: N					Homicide	-	ermined m	-		
ACTUAL SIGNATURE	9hm 3.7	Mak	men		_M.D. CHIEF MEDICAL E	EXAMINER [DA	TE SIGNED	
EXAMINER'S NAME (Type)	John T. Mal	oney,	M.D.		DEPUTY MEDICAL			17, 1	.958		
BEMOVAL (Special	ION, 226. DATE THEREO		2c. NAME OF CEM		COLN	22d. LDCA	TION ICity, town.	or county)	M	State)	
23. FUNERAL DIRECTO	hambels) G.	ADDRESS 517-1	1th S	T. SE 240. REC	D BY REGIST	RAR 246. REGI	STRAR'S SIG	NATURE		

MARYAND STATE DEPARTMENT OF STATE CHARTAINS OF STATE CHARTS OF STATE OF STA

de de la	ment caffeet			larince of	
	2m/stude05	.4.9.4		of soil	
	1=114 02 2 205d	1.	President	· eric	
	ting the last	عاد العالم ا		cufa G	
	10-8-				
	Met. of Columnia	and the same			100
	\$190A PROF		atang	A Barrout	
		most dict-10-			
		mektelmineris gainni			
		moktoliminessä privatsi n Hagan kunnin			
		Service Lordon	acah	Y4-Y =	

ATTENDING PHYSICIAN OF The bottom copy may be retained by

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. A certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08243

8314

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince George MARYLAND	STATE Md. county Prince (George
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown) (In this place)	CITY (If outside corporete limits, write RURAL end give neerest town) OR
Town Laurel (mural) 12 vrs	X TOWN Laurel (rural)
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	/ ADDRESS Contee Village
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Walter O. Baldwin	OF July 1/1, 1958 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 87	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
Male White Married Cate	Sex 11 1901 56 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR, INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Manager askalt Plant	Laurel, Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. T. M. Baldwin	Lula Vogts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mrs. Else L. Baldiven, Mid
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
DISEASES ON CONDITIONS DIRECTLY LEADING TO SEATH	
4443 X IMMEDIATE CAUSE (A) Nygenham	Their second
ANTECEDENT CAUSE(S) DUE TO	Haily- Dearde 340
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that attended the deceased from.	19.5 , to
alive on, 19.5 8, and that death occurred a	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
7012/2 M.D.	Laure mg //1/18
23. BURÍAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Burial July 17,1958 George Wash	ington, Riggs Rd. Lyattarelle Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JUL 1 8 '58 Ull fedur in	Well Kinglason auch ma

SERTIMONTS OF DEATH

SALE SAME OF STOLEN ROSEMENTED ASSESSMENT OF THE SALE OF THE SALE

	1000	LALVERY.	3.5	0.3	
	ANTEN				
				Ti geneties.	
		SAMELIA WIL			
STATE OF STATE		445			
		end veryen b	digit in		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08244 CERTIFICATE OF DEATH 8257 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND Prince Georges

b. CITY OR TOWN (If autside carporate limits, write Marvland Prince Georges c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) It. Rainier d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Cheverly Days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3606 Bunker Hill Rd. YES NO T Prince Georges General NAME OF 4. DATE Middle Lost Month Yeor DECEASED OF DEATH (Type or print) Bertha B. Beard July 26 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) Months Days Hours Min. death. DIVORCED T WIDOWED T cample Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during thost of working life, even if retired) pup Fort Loudon. 13_FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN IL S ARMED FORCES? INFORMANT 9 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 50950 IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while of work of work p. m 21. I certify that, I attended the deceased fram ., 195 that I last saw the deceased and that death accurred at 5:35P.M. from the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE 3308 P PHYSICIAN'S NAME (Type) Charles Hageage FUNER/ 3 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)-REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57 DATE

	ATE OF DEATH		 ASSE STORY	
The second towns with			ENGLISH THE	9-
	restriction I		and the contract of the	
			 La properties of	
6 *				
	DECEMBER OF THE PROPERTY OF TH			
				3 13.
6 2 5	(
				A-1
				tetra
		DEFERRE		
		- With the Market Co.		
			THE PARTY OF THE P	
	Mooning to the to the control of the			

M

I

ARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
--------------------------	-------------------------

08245

CERTIFICATE OF DEATH

	82	58_	CERT	IFICA	IL OF DEA	VIII			Reg. D	ist. No).	
1. PLACE OF DEATH 6. COUNTY Prince Ge	eorges		MAR	YLAND	O. STATE D. C.	(Where dece	ased lived	. If instituti b. COUNTY	on Reside	ence befo	ore admis	sion)
	outside corporate limit	ls, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN	(If outside co	rporote li	mits, write R	URAL ond	give ne	arest tow	n)
			3 Days		Washing			11	7x.	3		V
	AL (If not in hospital, g		oddress)		d. STREET ADDRES	ŠS					ON /	SIDENCE A FARA
	orges Gener				1846 8t			W			YES] NO 🛅
3. NAME OF DECEASED (Type or print)	Fire	st	Middle		Lost	4. DAT OF DEA		Mon		- 0	ру	Year
5. SEX	6. COLOR OR RACE	7 *** **	HED NEVER MARR	easle	DATE OF BIRTH	DEA		July		18		19 58 ER 24 HRS.
Male	Negro	WIDOWE	DIVORCE	ED M	y 1, 1907		51	E (In years birthday) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work o	done 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	State or foreig	n country)		12. CI	TIZEN	OF WHAT	COUNTRY
Laborer		F	LITTE .		Marykand				U	S.A	•	
13. FATHER'S NAME					14. MOTHER'S MAID	The second secon						
Unk.						MAKE M	ary	Beasle	y			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	1 4	SOCIAL SECURITY NO 25104127		P. Records	3 C	heve:	rly, h		and		.=0.00
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c)	.1						LINIT	ERVAL BE	TIMEEN
Conditions, if on gove rise to in couse (a), stating t lying couse last.	mediate (Lygen from		Heart of	ace.		DIFFORM CITY			10. 144.6	Autorou
L CA			5- fs					STATE OF	LIN IIN FAI	X1 1(0)	PERFC	RMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY C	OCCURRED. (Enter nature of injury	y in Port I or I	Part II of	ilem 18.)				
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	while	NJURY OCCURRED Not while of work	20e. PLACI factor	OF INJURY (Home, y, street, office bldg.,	form, 20f. (0	City or tov	vn)	((County)		(Slote)
ACTUAL SIGNATURE	of lottended the	19/3	58, and that		., 195 8, to coursed at . 9:	10PM, fr ADDRESS	am the	couses of the court of the cour	nd on f		te state	
220. BURIAL, CREMATION			22c. NAME OF CEM	ETERY OR C	REMATORY	22d. LO	CATION &	ny, lown, o	or county)	J	(Stat	e)
Burial (Specify)	7/22/58		Woodlawn	Comete	ry	10000		ton.			(3.3)	
23. FUNERAL DIRECTOR'S	SIGNATURE //	-	ADDRESS %		17 4	REC'D BY REG		24b. REGIS		_	RE	
CASCH'S	SONS Hyat	Levil	le, Maryla	and	DATE	UL 21 '5	2 - 8	1000	RAPLU	-		

			AURITA	5	207	
HOLLING THE RESIDENCE						
		AND AT HE				. B. Con. Ch
					J. W. C.	
					C	
To Ensi	H MILES	1000				13.25
But at a		2010/08		7 13 7200		
					200	
	Salah S				feeting percentage	
		Dital - name				
	A SAME TOWN					
				11.50	17 102 1100	
AND CHEST					of debutter	
					Tall Control	
			eda et ou		201	
	drifts/rifeal/					

* 8250	CERTIFICA	TE OF DEATH	 RATIIWO	K C, 18 Reg. Dis	09357
Prince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	1 0		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Cheverly	c. LENGTH OF STAY IN 16 2 day	c. CITY OR TOWN (IF or		write RURAL and g	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince Georges General F		d. STREET ADDRESS	Garland Ave		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Baby Gir	Middle Be	Lost Lange	4. DATE OF DEATH July	Month	Day Year 1958
SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWE		B. DATE OF BIRTH 30 July 1958	9. AGE (Ir lost birt	all death of the	YEAR IF UNDER 24 HRS. Pays Hours Min.
la. USUAL OCCUPATION (Give kind of wark dane lob.) during mast of warking life, even if retired) NONE	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of Marylar	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
FATHER'S NAME Joseph F		14. MOTHER'S MAIDEN N. Betty J			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IP	NFORMANT		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	Zheng th	43 Cn	ON GIVEN IN PART	ION 19 WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRED				PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work	_ Not while _ fac	CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town)	(C	ounty) (State)
21. I certify that I attended the decease alive an 7-3/, 195 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. M.M. Herzber	3 ond that death	occurred o16,00P		uses and an th	ast saw the decease e date stated abave DATE SIGNE
6. BURIAL, CREMATION, REMOVAL (Specify) Cremation 8/10/58		s General Hos		everly, Mo	
FUNERAL DIRECTOR'S SIGNATURE	Address Penn. Jr			6. REGISTRAR'S SIG	1-

		MASYBAN.	
HTARG TO STA			
			Carried L
The contract of the contract o	mestal sur	NAME OF TAXABLE PARTY.	*
	S SIESE!		
		Land of the sales of	
Con I S was the part of the part			
Of the second second		record treatment	
	(E2)		
	(=		

8260

CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY								
			2. USUAL RESIDENCE (W	here deceased live	d. If institution	n: Residence bef	ore odmissi	on)
Prince Ge	orges	MARYLAND	Maryland			e Georg	es	
b. CITY OR TOWN (If RURAL and give ned	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write Rt	JRAL and give no	earest lown)
Cheverly		1M 2h Days	Brandywine					
d. NAME OF HOSPITA	AL (If not in hospital, give stree		d. STREET ADDRESS				e. IS RESI	DENCE
OR INSTITUTION	annes Canamal	**	/				ONA	FARM?
	eorges General		Rt 2 Box				IES DE	ио 🔲
B. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont	h D	lay Y	'ear
(Type or print)	Richard	Lee	Bond	DEATH	Ju]	LV	18 1	9 5
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
Male	White WIDON		5-24-58		ost birthdoy) yrs.	Months Days	Hours	Min.
		. KIND OF BUSINESS OR INDUS		or foreign countr		12. CITIZEN	OF WHAT	COUNTRY
during most of worki	ing life, even if retired)	2. K. 10 0. 000111233			,,		_	
			Marylar			U.	S. A	•
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Ralph E.	Bond		Sue Tub	oekis				
		6. SOCIAL SECURITY NO. 17. IN	NFORMANT		Addr	ess		
	If yes, give war or dates of service	0.		77 3	Decemb		36.0	
NO	TH [Enter only ane couse per		ue Tubekis	Bond	Branc	lywine,	MICL	
Canditions, if on gove rise to im cause (o), storing it lying cause last. PART II. OTH	he under- DUE TO (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY RMED?
00 100:00:00:00							YES 📆	NO 🗌
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED						NO 🗍
OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY	MEDICAL EXAMINER)	INJURY OCCURRED 20e. PLA e Not while foc	D. (Enter noture of injury in ACE OF INJURY (Home, forr lory, street, office bldg., etc	m, 20f. (City or t		(County	YES 🙀	(State)
20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER) / Month, Doy, Year 20d. Whil	INJURY OCCURRED 20e, PLA Not while ork of work seed from Massa V	ACE OF INJURY (Home, form	m. 20f. (City or t	e causes a	that I last s	YES aw the coate state	(State) deceased
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MEDICAL EXAMINER) Month, Doy, Year 20d. Whit 19 of will attended the deceded by 19. Market I attended the deceded by 19. Market I attended the deceded by 19.	INJURY OCCURRED Not while ork of work	ACE OF INJURY (Home, forritory, street, office bldg., etc.), 194 8, to accurred at 10:35	P.M. Ham th	e causes a city or town, shape (City, town, o	, that I last s nd an the da state)	YES aw the coate state	(State) deceased above AE SIGNED
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	MEDICAL EXAMINER) Month, Doy, Year 20d. White of the deceded of t	INJURY OCCURRED Not while ork of work	ACE OF INJURY (Home, forritory, street, office bldg., etc.) 191 8, to accurred at 10:35 W.D	P.M. Nam th ADDRESS (Street, L.) 22d. LOCATON	e causes a city or town, shape (City, town, o l and	, that I last s nd an the da state)	saw the cote state	(State) deceased above ATE SIGNED
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY HOUR a. m., p. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. BURIAL, CREMATION REMOVAL (Specify) BULT 1 8 1 23. FUNERAL DIRECTOR'S	MONTH, Doy, Year 20d. White of the deceded of the d	INJURY OCCURRED Not while of control of the property of the p	ACE OF INJURY (Home, forritory, street, office bldg., etc. 1917, to accurred at 10:35 M.D. Cuptor CREMATORY Cometery 24a. REC	P.M. Yam the ADDRESS (Street, Canal 22d. LOCATION Suit.)	e causes a city or town, shape (City, town, o l and	"that I last s nd an the do stote)	saw the cote state	(State) decease d abave AE SIGNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certification as been signed by the attending physician and campletely fille page 3 should be detached for use as the certification permit. Then please remove carban papers. Pages the registror prior to burial, cremation, of remaval, and in any event within 72 hours, offer death.

grol director,

VS A15 (4) 15M 10/57

at and var	SHIP OF HEALTH-INS		TEAM .
	Anna de la companya d		The state of the s
	antity brown		
		Spligger Do	
		Total of the second	
	of an in the second		
72 - 25 - 25 - 25	Service of		
residents 124-15			icollection of the

-0	8	2	4	6	
()	-				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 8261 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits write Prince Georges

RURAL and give n	earest town)	IIIS, WITTE C. LEIVO	IN OF STAT IN 10	c. CITT OK TOWN (ir outside corporore	timits, write KUKAL on	a give nearest to	wnj
		heverly	40 days	/5 Hyatt	sville.	Md		
d. NAME OF HOSPI	TAL (If not in hospital,	give street address)		d. STREET ADDRESS			e. IS R	ESIDENCE A FARM?
Pri	ince George	General	Hospital	1,771	Farragut	Street		NO E
3. NAME OF		irst	Middle	Lost	4. DATE	Month	Day	Year
(Type or print)	BIOTAL BOOK OF	Walton	W	Bottomlev	OF DEATH	July	7	19 58
5. SEX		7. MARRIED N		B. DATE OF BIRTH			DER I YEAR IF UN	
	o. coton on page		_	101	01 -8	Month		
Male	ONLIG: III III	WIDOWED [DIVORCED	100mm 19	00 5	yrs.		
during most of wor	king life, even if retired	done 105. KIND OF	BUSINESS OR INDUS	STRY 11 BIRTHPLACE (SIG	ote ar fareign countr	y) 112.	CITIZEN OF WHA	AT COUNTRY
Sloam IN	Kell			un	R		1. 5.	4,
13. FATHER'S NAME		N		14. MOTHER'S MAIDEN	NAME			
m (what	Baltin	nkon.		Muss X	hopp	ara		
	R IN U. S. ARMED FO		ECURITY NO. 17. 11	NFORMANT	The state of the	Address		
(Yes An or unkhamn)	(If yes, give wor or dates of	service)	2 1	LALA 7:	10000			
LID CAUSE OF DE	ATH [Enter only one co	- 100 V O V	(1)	(p) 10	10000	1	I I I I I I I I I I I I I I I I I I I	
	ATH WAS CAUSED BY:	dose per line for (a),	(b), and (c).]	7			ONSET AN	
T-6	IMMEDIATE CAUSE (o) Helicot	tic Corn	4				
0.186	DUE TO	11	1 .					
Canditians, if a		by He	04711	IRRHOSI	. 2			
gave rise to i		0 (1	(
lying cause last.		e CURO	MIC LAR	diAc Dero	MDens4	+ 18M		
PART II. OT	HER SIGNIFICANT CON	NDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN P	PERF	S AUTOPSY FORMED?
200. ACCIDENT W	AS UNDERLYING CONTRACTOR	206. DESCRIBE HOV	W INJURY OCCURRED). (Enter nature of injury i	in Part I ar Part It o	f item 18.)		
OR CONTRIBUTING	MEDICAL EXAMINER	2000				4.2		
_	RY Month, Day, Ye	or 20d, INJURY OC	CURRED 200 PLA	ACE OF INJURY (Hame, fa	1206 (C)			
Y 20c. TIME OF INJUI Hour o. m. p. m.	19		while fac	tary, street, affice bldg.,	efc.)	ownj	(County)	(State)
21. I certify th	nat I attended the	deceased from	1-4	1944 to	7-1	, 19) that	I last saw the	a decease
alive on	7-1	10		accurred at 10:	TORM		the Late	e deceased
4	. 1		una mai deum	accourse of Table		e causes and an city or town, state)		DATE SIGNES
ACTUAL	R 01/2 -	1		14 -4	= 000 1	001	1	' A SIGNED
SIGNATURE	1 VVV	15	/	M.D	seels "		1	
PHYSICIAN'S NAME (Type)	Dr. Aaron	Dietz M.	.D.	Hyattsville	e, Md.			
220. BURIAL, CREMATIC		OF 22c. NA	ME OF CEMETERY OF	RCREMATORY	22d. LOCATION	(City, town, er county	r) 15t	ote)
BREMOVAL (Specify)	7-5-5	8 (1)	hneton		Doube	VI; HS	(2
23. FUNERAL DIRECTOR	'S SIGNATURE	ADD	RESS	A 240 RE	C'D BY REGISTRAR	24b REGISTRAR'S	SIGNATURE	00
J. Man	cho Low	a the	otto U	NO I DATE	JUL 7 '58	(dech.	such	
	- 100 /36/0	- 1 1 1.		I W J J DAIL				

VS A15 (4) 15M 10/57

VIVE CONTRACTOR OF SOME 2 house the war product and a stand of the A CONTRACTOR OF THE STATE OF TH

certificate should be executed within 24 hours after death. If any delay is necessary, please of 'pending' in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page of Examiner's Office along with form PM3. Page 5 may be regioned for your files. or its designated agent, prior to burial, execute the certificate, writing the word 4 shauld be forwarded to the Chief N TO FUNERAL DIRECTOR: Page 3 should. TO DEPUTY MEDICAL EXAMINER: This

1	VI	1	
力	OR'S	TATE	
AE	ALTH	DEPT	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		Keg, Dist. No.
1.	PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE TAN b. COUNTY P
1	mice GEOTGEO MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo-
1	b. CITY OR TOWN (If outside corporal limits, while RURAL c. LENGTH OF STAY IN 16 and give nearest town)	c. CITY OR TOWN (Il atside corporate limits, write RURAL and give nearest tawn)
V	Cheverles 10 yrs	38 Cheverly
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3416 - Belleview Live	1 3916- Dellevelutive YES NO 8
3	(Type or print)	Losi A. DATE OF Month Day Year OF DEATH 12 1957
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (IN YEAR) IF UNDER 24 HRS.
0	Male White WIDOWED DIVORCED []	3-23-04 54 yrs. Manths Days Hours Min.
11	to USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Engree Electronic	Mass. 4.5.6
1	FATHER'S NAME A	14. MOTHER'S MAJDEN NAME
	John Robert Bowden	Mydred Hope
1	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	415 W.W. 2 224-48-6631	race J. Bowden; parme address
T	B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).)	INTERVAL DETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gentle CAUSE (b)	manhor heart for line
L	442X DUE TO O	
ı	Conditions if ony, which) (b) (ardimmer)	las renoldingers.
ı	gove rise to immediate couse	word was propagated
ı	(o), noting the orderlying	
1 2		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
1	Making yalin qarin	PERFORMED?
200	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (I	inter nature of injury in Port I or Port II of item 18.)
ACCEPTION OF	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	native at imply in fact that that them to,
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 120f. (City or tawn) (Caunty) (State)
10000	Hour a. m. While Nal while fact	ory, street, office bldg., etc.)
13	21. I certify that I took charge of the remains described abo	ve held an Autonov D. Inconstitut D. Lucia D.
1	opinion deoth resulted fram: Natural causes , Accident	, Suicide, Undetermined manner
	ACTUAL ON SOAN DO MAD	DATE SIGNED
	SIGNATURE JOHN J- Waldruly	M.D. CHIEF MEDICAL EXAMINER [_]
1	EXAMINER'S TAR	ASSISTANT MEDICAL EXAMINER
-	NAME (Type) JOHN 1. MALONCY. M.	P DEPUTY MEDICAL EXAMINER DX / 12-58
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	4 7 1 4 77
	Burial July 15, 1958 Arlington	
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville Md.	DATE III 1 7 '58 Cll Leduch

100	MADICAL SXAMINER'S CERTIFICATE OF DE		STATE HIGH
		Committee of the second	
	AND THE PERSON OF THE PERSON O		
		ar (Libraryo (CA)	
1 SS 1 SS			
			-
	And The Tourist of Market No.		
		and a second	

CERTIFICATE OF DEATH	
in the state of th	
To are the second of the secon	
	Was red by a street
La avenue en	

ofter death. Page

HOSPITAL

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word, pending, in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Proceed Examiner's Office along with form PM3. Page 5 may be 1 for any over files.

TO FUNERAL DIRECTOR: Page 3 should not used as a burial-transit permit. File pages 1 and 2 with the pages of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

				7
-	-	64	-	and a
- 1-	OK	21	AI	E
HE	AL	TH	DE	E PT.
116	ML	111	DL	

16

I

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08251 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8265

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY		MARYLAND	2. USUAL RESIDENCE (Where deced	sed lived. If institution b. COUNTY	and the second	
b. CITY OR TOWN and give nearest fow Chever ly			c. CITY OR TOWN (If outside cor	porote limits, write RI	Prince (
	rge s General	in hospitot, give street oddress) Hospital	4. STREET ADDRESS 1310 56th Ave	nue		e. IS RESIDENCE ON A FARM? YES NO R
3. NAME OF DECEASED (Type or print)	Edith Geo	elia Car	ter 4. DATE OF DEATH	July	30 30	Year 19 58
5. SEX Female		AARRIED NEVER MARRIED 8	10/17/97	foot brotheles t	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of work Housewif	ing life, even if retired)	Own Home	RY 11. BIRTHPLACE (Stote or foreign of Maryland	country)	U. S.	A.
13. FATHER'S NAME Thomas	J. Stone		Mary A. Marr			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? [If yes, give war or dates of service]		John Brook Carter,	Address Same as #	2	
Canditions, if gave rise to imme (a), stating the couse last. PART II, OT 200. EXTERNAL CAPRIMARY or CC CAUSE OF DEATH	ediate cause (b) underlying DUE TO (c) THER SIGNIFICANT CONDITION		IOT RELATED TO THE TERMINAL DISEAS		The second	P. WAS AUTOPSY PERFORMEDS ES NO
20c. TIME OF INJU- Hour e. m. P. m. 21. I certify to opinion death	URY Month, Doy, Yeor 19 that I took charge of			nspection ,	(County) Inquiry 🛣,	(Store) and in my DATE SIGNED
SIGNATURE			ASSISTANT MEDICAL EXAMINE	R		

MULICIAMO SILATE DEPARTMENT DE MEALTIN-BALTIAIONI

dephasionals	SHAT SHE		decreed engine
	efingia	Seviral no basic	vf averb
	1310 56th Awango	farmed.	lacer of a raph contr
	William Co., and the state of t		our data a series
	1/12 (2		
	L L (1.3	and Hotel	en base us il
	Edg A. Farr		omit J. Store
S 11 20	na jakana at a	ol Jan	CI
delle I gind			
	All the second second		

1	Q21K/	MENT OF HEALTH—BALTIMORE, 18 0825	2
22 1	Trince George CERTIFIC	Reg. Dist. No.	
directo directo with tilled with	1. PLACE OF DEATH CAND WINE MO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before ad a. STATE b. COUNTY Naryland Prince Geo	
be fi	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18		
P P	RURAL and give nearest town)	X Prandywine Heights	
2 show	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION At home	d. STREET ADDRESS e. 15	RESIDENCE IN A FARM?
	3. NAME OF First Middle .	CHAIN	
Fille	OFCEASED (Type or print) H18/15N de	E. CHANON DEATH GENER 17	1958
o with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH S. AGE (In years IF UNDER 1 YEAR IF UI years Months Doys Hou	
nd comp on paper	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if serified)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF W	HAT COUNTRY
icion on e corbo	13. FATHER'S NAME CHARLES & SHOLSMAKER	14. MOTHER'S MAIDEN NAME LHETTA MILLER	
ng phys e remay 72 havi	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [If yes, give wor or dates of service]	THERMANT OF CHANY BEANDYW.	ING I
e attendi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	' ONSET A	L BETWEEN
d by th mit. Th	Conditions, if any, which) (b) Amersland Cond	io - Vacula - Rna Drasie y	er_
signe sit per nd in o	gove rise to immediate couse (a), stating the under: lying couse lost.	0	
physicides as been aval, a aval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		AS AUTOPSY REFORMED?
ending fi	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
ol ar off	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. Hour a. m	PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.) (City or town) (County)	(State)
Spit die 1	21. I certify that I attended the deceased from. '7 - 10	1950, to 7-17, 1958, that I last saw t	he deceased
the horizontal	alive an 7-17, 1958, and that dea	th accurred at YIPP. M, from the causes and on the date st ADDRESS (Street, city or town, stote)	
ined by DIRECTION of the distribution of the d	SIGNATURE School H Doden	MO. Binlyum he 7-	-17-58
reta RAL show stror	PHYSICIAN'S RICKOVA 11 DOLS	in Birlyun ho	
may be of FUNE the regi	22a. BURIAL, CREMATION, PEMOVAL (Specify) 7/21/58 ROCK CRE	or CREMATORY 22d. LOCAMON (First lown, or county)	State)
VS A1S (4) 1SM 10/S7	23. EUNERAL DIRECTOR'S SIGNATURE Sons Co ADDRESS 306-41	The JUL 2 1 '58 246 REGISTRAR'S SIGNATURE DATE	

ALE DI LANGUAGE SEA	Certifical	
	THE RESIDENCE	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary please execute the certificate, writing the word 2 pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Appending tector. Page 2 should be forwarded to the Chief M. col Examiner's Office along with form PM3. Page 5 may be to the for your files.

TO FUNERAL DIRECTOR: Page 3 shauld as a burial-transit permit. File pages 1 and 2 with the page 8 Boorg of Health,

	100	I	10.00
0	F	40	177
9	×	4	
di.	20	20	
-10	9	80	
9	9	0	4
-		3	or its designated ogent, prior to burial, crematian, or removal, and in any event within 72 haurs after death.
6 9	2	-	0
4	90	ě	0
0	7	4	0
ന	9	3	5
pu	S	0	Ö
ō	9	P	7
3	000	0	2
-	6	gran	是/
6	5	es	E.
60	2	DO	13
۵	8	EL.	, e
7	20	11	6
O	-50	S.See	and a
	400	-	0
~	P	E	.E
E,	Suc	De	Pu
1 e	20	=	0
C	0	5	0
- Con-	5	70	8
30	Ö	-	E
å,	6/9	· ž	b.
	er	2	ō
	- 1	O	è
9	0	0	-
9	ü	P	0
er	0	920	0
-	17	2	Ū
0		10	6
Ö	-27	5	12
(1)	0	Ö	5
T.	S	2	0
0	4	(4)	5
-	£	000	Li
1	04	4	al.
di.	O	ě.	5
9:0	de	0	9
E C	0	Ü	0
rhi	J. W	×	0
9	20	ā	0
9	be	-1	0
4	70	K	40
Je	50	Z	0
Sec	the.	5	-
N N	4	-	0
Ī		10	
execute the certificate, writing the word Trending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Appending director.	16	M TO FUNERAL DIRECTOR: Page 3 shauto of used as a burial-transit permit. File pages 1 and 2 with the 13 e Boorg of Hi	
M.	131	7	
W a	173		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	8266						Reg. Di	st. No.	
PLACE OF 1	DEATH	ges	MARYLAND	2. USUAL RESIDENCE 9. STATE Ma	E (Where decease ryland	ed lived. If institu b. COUNT	v -	Geo.	nission)
b. CITY OR and give	TOWN (It outside corporate limits, a	vrite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corp	porote limits, write	RURAL ond	give neorest to	own)
	Riverdale		D.O.A.	14 Co	llege P	ark			
	of HOSPITAL OR INSTITUTION and Memorial Ho		pitol, give street oddress)	d. STREET ADDRES		Island A	Venue	ON	RESIDENCE LA FARM? NO
3. NAME OF DECEASED {Type or pr		First	Middle Rean C	lost haney	4. DATE OF DEATH	July			Yeor 19 5 8
5. SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IFUNDER T		DER 24 HRS.
Male	White	WIDOWED	DIVORCED [5-18-96		last birthday) 62 yrs.	Months	Days Hours	Min.
10a. USUAL O during most	CCUPATION (Give kind of working life, even if retired None	k done 10b. K	IND OF BUSINESS OR INDU	the state of the s			12. CIT12	U.S.A	
13. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME				
Jo	oseph Chaney,	Jr.		Julia A	ACA	Becke	tt.		
	EASED EVER IN U. S. ARMED	ORCES? 16.		uther Chane	y; same	Address		2.	
Condition gove rise (o), static couse lo	ng the underlying DUET	(o) C (b) C	chronic conges	renal dise	256	F CONDITION GIV	FN IN PART	Italia WAS	AHTOPCY
3			HOW INJURY OCCURRED.					PERFO YES [NO TO
PRIMARY CAUSE OF	RNAL CAUSE WAS OF CONTRIBUTING	avb. Deseribe	THOSE PROCEDURED.	terner notore of infory in	ran i or ron ii	or Hem (8.)			
	OF INJURY Month, Doy, 1	feor 20d, II While of wo	Not while foo	ACE OF INJURY (Home, its tory, street, office bldg.,	form, 20f. (City	or fown)	(Cour	nty)	(State)
21. 1 ce	ertify that I took chor	ge of the r	emoins described ab	ove, held an Auto	psy . Ir	spection II.	Inquiry	X, ar	nd in my
opinion	deoth resulted from:	Notural c	ouses . Accident	, Suicide ,	Homicide	. Undele	rmined m	onner 🗍	
ACTUAL SIGNATU EXAMINE NAME (T)	ER'S Tolon M) AND	aloney.		L EXAMINER DICAL EXAMINE AL EXAMINER	_	18, 1		SIGNED
220. BURIAL C REMOVAL Buri	(Specify)		22c. NAME OF CEMETERY O			Sville	or county)	(Sto	(e)
	DIRECTOR'S SIGNATURE		ADDRESS		EC'D BY REGIST		TRAJE'S SIGI	- A	
F. Gas	ch's Sons I	lyatts	ville Marylar	nd. DATE	JUL 2 4	'58 Ct	I ed	uch	

A IMEDICAL EXAMINET'S CERTIFICATE OF DEATHS is rock opack Farrlend .oso .ti 101 . . . finished the second of the late EMERICATION ADVONITION 35 vertile miss 62 Con o Joseph Commery, VI. .S to the operation of the type of the fact Crimia consciolive heavy failure ADERTOO LOT IN THE PARTY OF THE SECOND The same the same of the same and the same of the same and the same an Billing John E. Salancy, J.T. W. Shift stoke were at Claim of all alega Management The Control of the Fig. 15. Included at Liver cury of building the country

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
VERAL DIRECTOR: After this certification and the content of the other of the company of the funeral literation and completely filler the funeral literation as should be detached for use as the cariot-transit permit. Then please remove carbon papers. Pages 24d 2 should be filled fifth.
7 (1

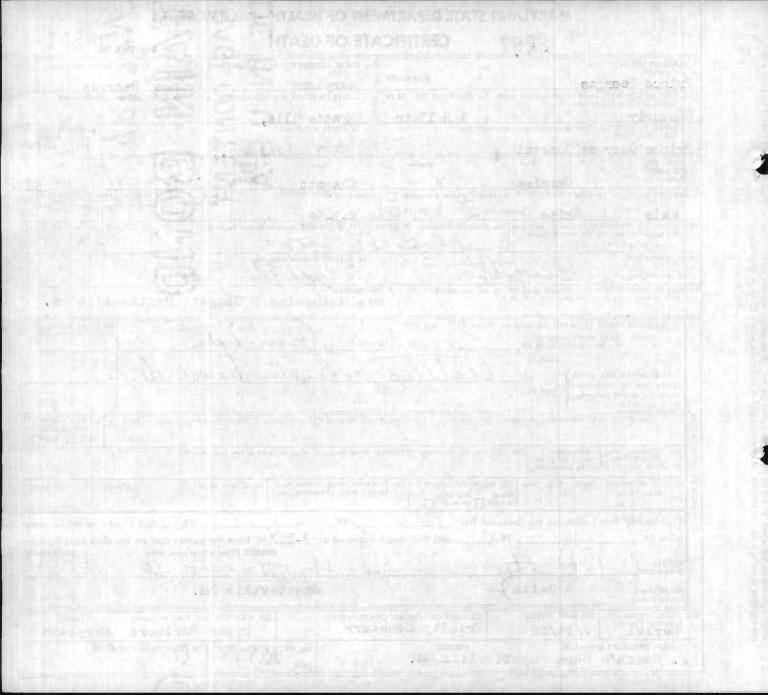
MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
COCH	CEDTIEICATE	OF	DEATH	

8267	CERTIFICATE	OF	DEATH
0206	CERTIFICATE	OI.	DEAH

Reg. Dist. No. 8254

1. PLACE OF DEAT	Н		2. USUAL RESI	DENCE (Wh		. If institution: Residen	ce before adm	ission)
Prince G	eorges	MARYLAND	Marvl	and		Prince Ge	orges	
b. CITY OR TOV	VN (If outside corporate limits, write ve nearest town)	c. LENGTH OF STAY IN 16			ulside corporole lir	nits, write RURAL and g	give nearest to	wn)
Cheverly		3 H 13Min	15 Hvatt	sville	8.			
d. NAME OF HO	OSPITAL (If not in haspital, give street	address)	d. STREET A				e. IS R	ESIDENCE A FARM?
Prince G	eorges General		5503	1,2	nd Ave.			NO D
3. NAME OF DECEASED	First	Middle	los		4. DATE OF	Month	Doy	Year
(Type or print)	Charles	W	Clage	tt	DEATH	July	11	19 58
5. SEX	6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRT		9. AG	E (In years IF UNDER	TYEAR IF UN	
Male	White WIDOW	ED DIVORCED	9-3-6	9	losi	Byrs. Months	Days Hour	s Min.
10a. USUAL OCCU	PATION (Give kind of work dane 10b. working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (State	or foreign country)		ZEN OF WHA	AT COUNTRY?
	working life, even if refired)	seld employee	6 3	Low	a c		USA	
13. FATHER'S NAM	100-	11 00	14. MOTHER'S	MAIDEN N	IAME/	* 1		
Zhom	ac Clogel	15	Elis	ali	7 2	cher		
	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	,		Address		24.5
[Yes, no, or unknown]	(If yes, give war or dates of service)		Mrs Cath	erine	B Clag	ett Hyatts	ville	Md.
18. CAUSE OF	DEATH [Enter only one couse per li	ne for (6) (b), and (c).]		1	A		INTERVAL	8FTWFFN
	DEATH WAS CAUSED BY:	Punil	1	Ann	lal		ONSET AN	D DEATH
420.	IMMEDIATE CAUSE (o)	- www	-	000	- Congre	1		
1		11.	- 1	F	2	11		
	if any, which (b)	encuo	pell	rou	s les	un alos	200	
cause (a), sla	ling the under-							
lying cause	, (0)							
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART		S AUTOPSY FORMED?
3] NO []
OR CONTRIBU	T WAS UNDERLYING [] 20b. DES TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in P	art I or Port II of i	item 18.)		
\$ 20c. TIME OF I	NJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or tow	val (C	County)	(State)
Hour o	m. While		ctory, street, office			,,,,	.oumy)	(Stole)
21. I certify	y that I attended the deceas	ed from \ \ - 2	1949	to 7	-12	., 195 X, that 1 1	ast saw th	e deceased
alive an	7-12 10	, and that death						
		, and mar dean	decorred at		ADDRESS (Street, ci			DATE SIGNED
ACTUAL	1 Noto		L	1	1100	00 100	7-	1386
SIGNATURE	1		M.D	7-4	11.	C. per		2-3-
PHYSICIAN'S NAME (Type)	A Deitz /		ŀ	Watts	sville M	d.		
	ATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			22d. LOCATION (City, town, or county)	(SI	ote)
Burial	7/14/58	Trinity Ceme	tery			Marlboro	Mary!	
23. FUNERAL DIREC		ADDRESS		24a. REC'E	BY REGISTRAR	246 REGISTRAR'S SIG	NATURE	
F. Gasc	h's Sons Hyatta	sville Md.		DATE	UL 1 7 '58	When		
				DAIL				

VS A15 (4) 1SM 10/S7



VS A15 (4) 15M 10/57 M

83

I

	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
--	---------	------------------	----------------------	----

269 CERTIFICATE OF DEATH

M

	826	8	CERTIF	CAII	OF DEATI			Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY Prince Ge			MARYLA	ND 2.	USUAL RESIDENCE (WI S. STATE Maryland	here deceased live	d. If institution b. COUNTY	Residence b		
b. CITY OR TOWN (If of RURAL ond give neor Laurel	outside corporate limit est town)	s, write	c. LENGTH OF STAY IN	16	Laurel	outside corporole l	imits, write RU	RAL ond give	nearest town	1)
d. NAME OF HOSPITAL OR INSTITUTION			oddress)	1	d. STREET ADDRESS	in the same				FARM?
3. NAME OF	neral Hosp		44' 4 4		602 Washin				1 163	NO NO
(Type or print)	Firs Mona	ı	Middle Goldsboroug		Cockey	4. DATE OF DEATH	July Month	2/ /20	Por-8	Year 19- 83 -
5. SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	8. D	SE OF BIRTH 20	1883 9. 4		FUNDER 1 YE		T
Female	White	WIDOWE			July 21, 1	958	75 yrs.	Months Day		Min.
during most of working	g life, even if refired)	lane 10b.	KIND OF BUSINESS OR	INDUSTRÝ	11. BIRTHPLACE (Stole West Vi		')		OF WHAT	COUNTR
Housewi 13. FATHER'S NAME	Te		Honce	14	MOTHER'S MAIDEN I					
	McCormick				Mona Gold					
1S. WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR		abor ough	Addre	15		
(Yes, no. or unknown) (If	yes, give wor or dates of se	rvice)			Hospital Re	cords				
		use per lin	ne for (o), (b), and (c).]						NTERVAL BE	
PART I. DEATH	WAS CAUSED BY:	Myo	cardial infa	rctic	n				NSET AND	DEATH
420.1	DUE TO									
Conditions, if ony	, which) (b)	Ar	terio-sclero	sis						
gove rise to imm	mediate (
lying couse lost.	(c)									
PART II. OTHER			ONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVE	N IN PART 1(o	PERFO	AUTOPSY PRMED?
200. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCC	URRED. (Er	ter noture of injury in	Part I or Part II of	item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	while	_ Not while	PLACE (factory,	OF INJURY (Home, form street, office bldg., etc	20f. (City or to	wn)	(Coun	ly)	(Stote)
21. I certify that	I attended the	decease	ed from Jul	y 6	, 19.58, to	July 21	., 19 58	that I last	saw the	deceas
alive on Ju	ly 21	., 19	58, and that d							
ACTUAL SIGNATURE	31/r	11	arren	M.D.		ADDRESS (Street,	city or town, st	ate)	DA	ATE SIGN
	B. P. Warr	en, l			e George S	t., Laur	el. Mar	vland		
220. BURIAL, CREMATION,	7/24	1/58	22c. NAME OF CEMETE			22d. LOCATION			(Stote	e)
23. FUMERAL DIRECTOR'S	SIGNATURE	.01	ADDRESS		1 21	D BY REGISTRAR	24b REGIST	RAR'S SIGNA	TORE	
ce was	1 years	REAL	can pa	une	A CANALE JU	L 3 0 '58	1 Chair	CXOUL		

	HEARG TO BEADE		
Mary South Control			Witness Post I.
	4 Bretagli		
	Caro particular apartica.		
	THE REPORT OF THE PERSON NAMED IN		
• • •			loned
	entand too Logic		
		TOTAL STREET	
	HE CONTRACTOR OF THE PARTY OF T		
	and Mais Lift it or have no one		
		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	· · · · · · · · · · · · · · · · · · ·		
			Missing Burney or Process

2076244XV2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No.

> IF UNDER 1 YEAR IF UNDER 24 HRS Hours

> > U-S-A-

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Days

PERFORMED?

YES INO I

(Stote)

DATE SIGNED

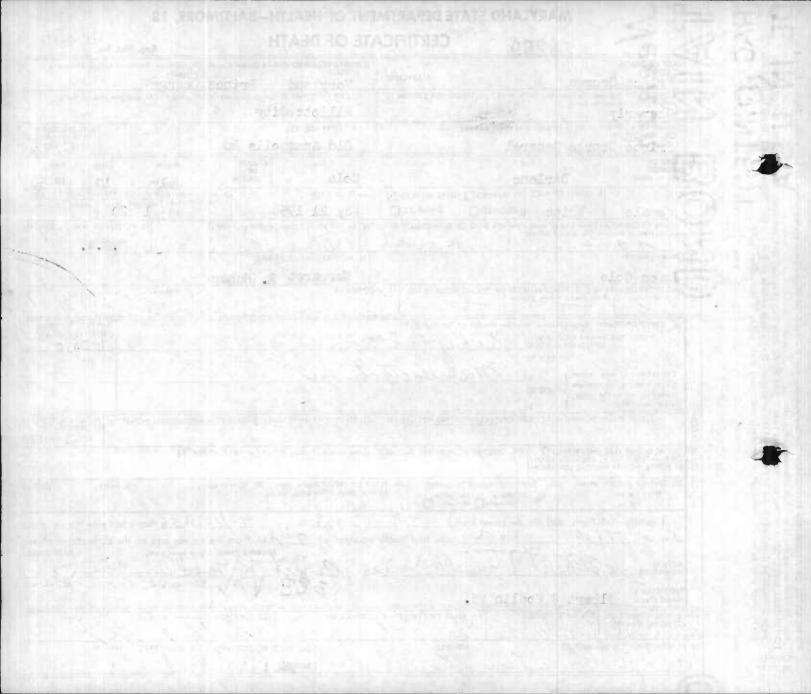
(Stole)

e. IS RESIDENCE

ON A FARM?

YES NO K

Yeor

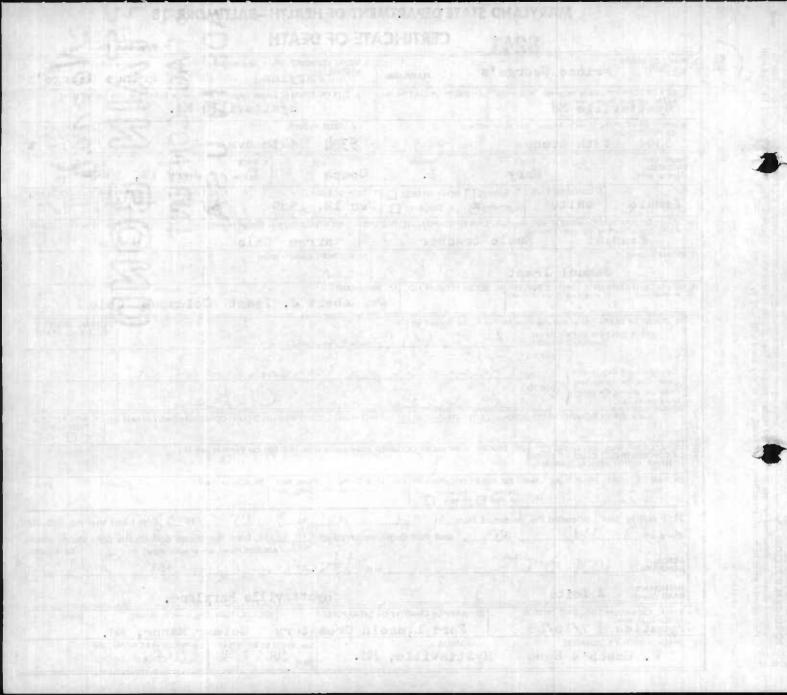


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8241 CERTIFICATE OF DEATH

118257 Reg. Dist. No.

o. COUNTY	Prince Geo	rge's	MARYL		o. STATE	DENCE (Who	nd	d lived. If institut b. COUNTY	Prin	ice before	deorge's
b. CITY OR TOWN (RURAL ond give n Hyattsv	If outside corporate lime eprest lown) III e Md	ts, write c.	LENGTH OF STAY II	N 16	c. CITY OR			ille Md.			
OR INSTITUTION	TAL (If not in hospitol, quality 42th Avenu		ess)		d. STREET /		h ave		1	e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		ry	Middle I.		Couch	st	4. DATE OF DEATH	July	14,	1958	
5. SEX female	6. COLOR OR RACE white	WIDOWED 2	DIVORCED		ec 12,	1889		68 yrs.	IF UNDER Months		F UNDER 24 HRS. Hours Min.
Pian	king life, even it refired		o of Business or eacher	INDUSTR	240		or foreign c Ohio	ountry)	146	S A	WHAT COUNTRY
13. FATHER'S NAME	Samuel Iza	nt			14. MOTHER'S	MAIDEN N	AME				
1S. WAS DECEASED EVE [Yes. no. or unknown]	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOC	IAL SECURITY NO.	1	Rober	t J.	Izant	Add Colum		Ohio	
	mmediote (Se.	pestationers	Pulze	de Co	arce	ei.	Brest	- -	ONSE	YAL BETWEEN T AND DEATH
CAI	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PAR		WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OC	CURRED. (Enter noture o	of injury in Po	ort I or Por	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	While _	Y OCCURRED 2 Not while of work		OF INJURY I		20f. (City	or town)	(0	County)	(Stole)
21. I certify the alive on	A Deitz	1954	rom. 4 and that c	leath of	Ну	vattsv:	DORESS (S	n the couses of treet, city or town,	and an the		DATE SIGNED
Cremation 23. FUNERAL DIRECTOR	7/16/58	120	Fort Li			atory	Co	lmar Ma	nor,		(Stote)
	sch's Sons	Ну	attsvill	e, M	d.	DATE JU		SAR 246 REGI	STRAR'S SIC	such	



deoth.

within

certificate

M

vithin

Suc

SO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08258 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY PLE CHARYLAND b. COUNTY GERDIE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION: d. STREET ADDRESS e. IS RESIDENCE ON A FARM 00/5 YES TO NO D NAME OF Middle Lost 4. DATE Month Day Year DECEASED 1117 (Type or print) DEATH 19.58 5. SEX 4. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH rahdoy) Months Davs Min. DIVORCED WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) omA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 5016 KNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) min. DUE TO

Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) foctory, street, office bldg., etc.) W/hile Not while

6t work at work

21. I certify that I attended the deceased from

5 that I last saw the deceased ELAM, from the causes and an the date stated above.

(County)

NO

(Stote)

OXON UN

(Stole)

and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify)

TICNAL 24a. REC'D BY REGISTRAR

245 REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE TUNERAL

0 VS A15 (4)

DIRECT

HOSPITAL FUNERAL ന

pe shavid

pode

Strategy of the strategy of th DIT THE MAN THAT

8	K
Page 4	director, led with
haurs after death.	to by the funeral director,
haurs of	n by the

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08250

		827	U	CERTI	FIC/	ATE OF DE	AIF	1			Reg. D			UU
	PLACE OF DEATH O. COUNTY	rges County		MARY	LAND	2. USUAL RESIDER 0. STATE Marvla		ere decease	d lived. If in b. COL	stilutio JNIX	n: Resider	Ge C	re admis	sian)
1	b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		utside corpo	orale limits, w	rite RU	RAL and	give nec	arest taw	n)
		111	Per	10 days 1	21 1	15 1	hen++	svill						
	d NAME OF HOSPI OR INSTITUTION	TAL (If not in haspitat,	give street	address)	Z -1	d. STREET ADD		SVIII	5				e. IS RES	SIDENCE A FARM?
P	rince Geor	rge_General	Hos	oital		1109 En	ara	on St.						NO
	NAME OF DECEASED (Type or print)	0	rst	Middle Craig		Lost		4. DATE OF DEATH		Monti Jul		Do		Yeor 19 58
5.	SEX			RIED NEVER MARRIE	рП	B. DATE OF BIRTH			9. AGE (In)	rears		- 0	-	ER 24 HRS.
	Male	White	WIDOW			70-71-65	6 78	227	lost birtho	yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	Washingto	R INDU	STRY 11 BIRTHE AC	2.7	or foreign c			12. CI			COUNTR
13.	FATHER'S NAME	Lineio	-			14. MOTHER'S M	AIDEN N	IAME			-	USA		
	C	Clarence C	raig			De E Yal			?					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO	. 17. 1	NFORMANT				Addre	55			
116	s, no, or unknown)	(If yes, give wor or dates of	service]		1	dospital	rece	ords	Chev	er	Ly M	d.		
	1B. CAUSE OF DE	ATH [Enter only one co	ouse per di	pe for (o), (b), and (d).	1							LINITI	ERVAL BI	LITWEEN
		ATH WAS CAUSED BY:	12	- //	'	reeem	in	ed.					ET AND	
	200.1	IMMEDIATE CAUSE (1	190000	JE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	770					-		
		DUE TO	1		/ /	1 4	115							
	Conditions, if a)/	requipe	UN	uncon	<i>i</i> ca	-,						
	cause (a), stating lying cause last.	the under-												
z				CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	HE TERMI	NAI DISEAS	E CONDITION	4 GIVE	N IN PAG	T 1(a) 1	9 WAS	ALITOPSY
CATION	491)	1						THE DISEPTO	2 (0) (0)	10111	IN HAT OF	1 1(0)	PERFC	PRMED?
5	200 ACCIDENT W	AS UNDERLYING	20h DES	CRIPE HOW INTRIPE	CCURRE	D 45 4 4 4 5			4 14 - 6 'A 10				YES [но 🗆
CERT	OR CONTRIBUTING	CAUSE OF DEATH	200, 003	CRIBE HOW INJURY O	CCURRE	D. (Enter nature at II	njury in r	orr I or Par	T II OT ITEM TO					
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.		While	NJURY OCCURRED Not while th of work	20e. PL	ACE OF INJURY (Hoctory, street, office b	me, farm ldg., etc.	, 20f. (City	or town)		(County)		(Stote)
	21. I certify th	not I attended the	deceas	ed from 7/4/5	8	, 19,	to 7	/15-	. 19	58	that I	lost so	w the	decease
	alive anJu			8 and that										
	0	0		~ /	acom	decorred of			Poes? pity or t			ne do		ATE SIGNI
	ACTUAL SIGNATURE	oh	15 6	lum		M.D. Has	la	1/1	oh	//		7-	-16	.58
	PHYSICIAN'S NAME (Type)	John P	Clum			Он	lyat	tsvil	le Md.			7		
220	BURIAL, CREMATIC			22c. NAME OF CEME					TION (City, to		county)		(Stol	e)
	REMOVAL (Specify)		3	Prospec	t Hi	11 Cemet	ery	From	nt Roy	al	Vi	gin	ia	
23.	FUNERAL DIRECTOR	's SIGNATURE Sons	s Hy	ADDRESS	Md.	2.	4a. REC'I	BY REGIST	RAR 24b.	REGIST	RAR'S SI	GNATU	JE.	

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certify has been signed by the attending physician and campletely filly page 3 shauld be detached far use as the prial-transit permit. Then please remave carban papers. Pages the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

The state of the s					
Services of the service of the servi		HTARUTO HIA	CERTIFIC	1752	
	Campost was 17	Frankling and displaying	ansimen		
		Teflicontact in . ee	Sharafi (I)		
		Reg A Co. 1 with			
	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the second		
		Mary and the state of the			
		A. 1			
		a of the street of the			
Alana party lings - Japan terror and a lot topological control to the later of the	Languer Loye				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	and the second		
and the same of th			
	E sersemin Evering		
	State of the		
District and the State of Stat	A Lay Made		
		200 - 10 (100 L (10 ag))	
			184

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8243 **CERTIFICATE OF DEATH**

08261

							Keg. Dist.	140.	
O. COUNTY	in Go		MARYLANE	2. USUAL RESIDENCE (WI	here deceased	l lived. If instituti b. COUNTY	Da		74
	nce veo	· ·		M			FRINE		6.4
RURAL and give no	f autside corporate limit acrest town)	s, write	c. LENGTH OF STAY IN IL	c. CITY OR TOWN (If	outside carpor	rote limits, write R	JRAL and giv	e nearest town)	
HYATIS	VILLE		Smo.	15 HY	ATTS	V1114	2		
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street	address)	d. STREET ADDRESS	p a		-1	e. IS RESIDENCE	
	ROLL	m	ANOR	14922	AJI	1126	Ed.	YES NO	
NAME OF	Fire	ıt	Middle	Last	4. DATE	Mon	th	Day Yeor	
(Type or print)	Ne11:	ie.	I. (CRIMMINS	DEATH	501	4	/ 19 -	58
. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	-	FEAR IF UNDER 24 H	-
-emake	WHITE	WIDOWI	ED DIVORCED	MAY 2, 18	777	8 yn.	Months D	oys Hours Mi	lin.
. USUAL OCCUPATION	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	ar foreign ca	ountry)	12. CITIZI	EN OF WHAT COUL	NTRY
during most of work	king life, even if retired)	U	S TRYASU	RY V	A .			U.S.A.	
, FATHER'S NAME		-	10,770 (1130	1/14. MOTHER'S MAIDEN I	VAME		4.7		
55 60	()	2 ,	2 14 . 2 .	ANN	1	IARD	i Ca		
1- 0 -	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT	- / '	Add	U-AI	V	D
'es, no, or unknown)	(If yes, give wor or dates of se		SOCIAL SECURITY NO. 17	_	201		135	3 PK RI	P.
Wa			NOW	mes C.L.	+ or V	167	14	H3 11 17	5
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	0				INTERVAL BETWEE	TH.
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	/	Vephroe	clerosis				5 ms	
14.46 X	DUE TO			0 - 10 - 1					
Canditians, if a	ny, which)	20	nevalise	& artons	sclo	nosis		2 you	0.
gove rise to i	mmediate (,		* * *					
couse (a), stating lying couse last.	the under-		γt						
			CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTO	PSY
PART II. OTH		_						PERFORMED	
	S LINDERLYING TO	20h DES	CRIRE HOW INTURY OCCUR	IRED. (Enter nature of injury in	Port Lor Port	II of item 18 1		IES LI NO	63
OR CONTRIBUTING	CAUSE OF DEATH	200. 020	CKIDE HOW MYOKE OCCOR	TALES, ILINES HOTOLO OF INJOLY IN					
		Tee		01465 05 1411104 111	last total				
20c. TIME OF INJUR Hour a. m.		While	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	n, † 20f. (City :.)	or town)	(Cou	unty) (St	tote)
p. m.	19	of wor						O WESTER IN	
21. I certify th	at I attended the	deceas	ed fram Jon	196 8, to J	My /	195	that I la	st saw the dece	easec
alive an	me 28	. 19	Jana that dec	th accurred at 201	M. fram	the causes o	nd on the	date stated at	hove
0,	/		i co			reet, city or town,		DATE SI	
ACTUAL SIGNATURE	anold	1	M - Com	3008	-14	The N	· (1).	7/11	15
SIGNATURE	11				1	0 - 4			
PHYSICIAN'S NAME (Type)	4AROLD) /	- MECA	ANN U	ast	lught	In 1	D.C	
	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	JON (City, town,	or county)	(Stote)	
BURIAL (Specify)	July 4.	1958	ST. JAM.	es Cemeter	7	ALLS	C+/6	PCH	V
. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	240. REC	D BY REGIST	- 16 1.	FRAR'S SIGN	ATURE	
W.W.T	ALTAVU	ILL	36031	4 H MY BATEUL	1. 3 '58	3 le	Lesue	h	
			\n\	124 DC					
			V						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certified has been signed by the attending physician and completely fill page 3 shauld be detached for use as it, furial-transit permit. Then please remove carban papers. Page the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

in by the funeral directar, and 2 should be filed with

M

VS A15 (4) 15M 9/55

HTABO ROBATH	STATE CERTIFIC	
		LA LINE STREET

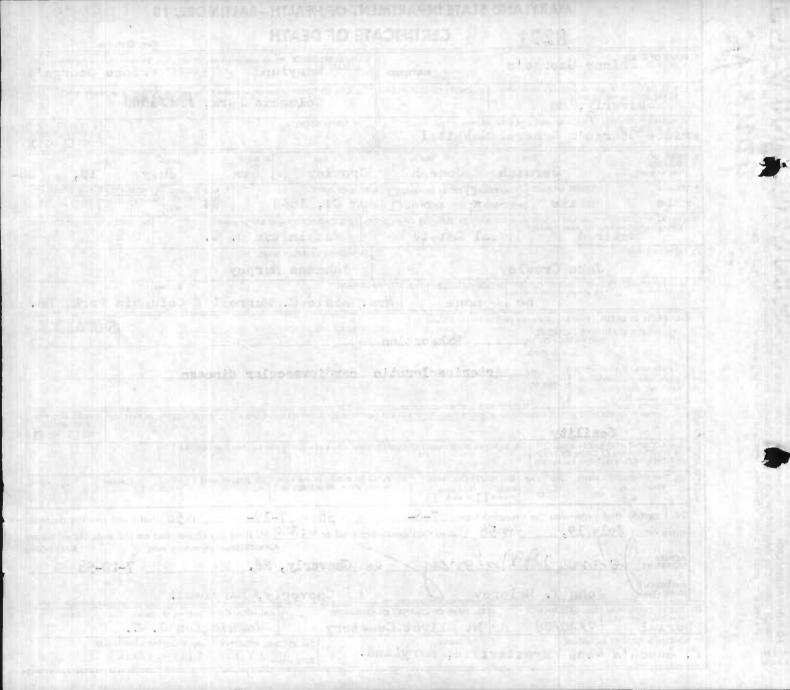
VS A1S (4) 1SM 10/S7 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8271 CERTIFICATE OF DEATH

Reg. Dist. No.

							wad. pist.	140.
1. PLACE OF DEATH COUNTY Pri	nce George	s	MARYLAND	2. USUAL RESIDENCE (Waryl	/here deceased lived and	. If institutio b. COUNTY	Prince	before admission) e George
b. CITY OR TOWN (RURAL ond give n Cheve	(If outside corporate limits, nearest town) PLY, Md	, write c. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (IF	outside corporote lin	mits, Mary	Land	nearest town)
d. NAME OF HOSPI Prince Geo	TAL (If not in hospital, giver see see see see see see see see see s	e street address) ral Hospit	al	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM' YES NO		
3. NAME OF DECEASED (Type or print)	Jermi		di.	Crowley	4. DATE OF DEATH	Month Ju	ily	Day Yeor 19, 19
s. sex male .	6. COLOR OR RACE white			Aug 24, 186	3 9. AG	E (In years birthdoy) yrs.	Months Da	EAR IF UNDER 24 H ys Hours Min
during most of wor	ON (Give kind of work do rking life, even if retired) ired	Real Est		TRY 11. BIRTHPLACE (STOR	or foreign country) ton D. C		U S	N OF WHAT COUN
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		- 1- 1-	
	John Crowl	Ley		Johanna	Murphy			
IS. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	rice)		FORMANT S. Elsie C.	Murrell	Addre E. Coll		Dank Md
Conditions, if o gove rise to i couse (o), stoting lying couse tost.	the under-	Arterios	clerotic	cardiovas	cular disc	2856		
5	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVE	N IN PART 1(c	19. WAS AUTOP: PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW IN.	JURY OCCURRED	. (Enter noture of injury in	Port I or Port II of i	tem 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURR While Not while of work of work	En ut	CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City or tov	rn)	(Cour	nty) (Sto
1	John T. Ma	Nalone	I that death	occurred at 6;30 Cheverly,	PM, fram the ADDRESS (Street, co	causes ar	nd an the late)	t saw the deced date stated ab DATE STG
20. BURIAL, CREMATIC REMOVAL (Specify) Burial	7/22/58		F CEMETERY OR ivet Ce		22d. LOCATION ((Stote)
3. FUNERAL DIRECTOR	7%	ADDRESS ttsville,	Marylan		D BY REGISTRAR	200 REGIST	RAR'S SIGNA	TURE



VS A

1SM

1 .									Ke	g. Dist. No	•	
	COUNTY Pr	ince George	8	MARYLAND	o. STATE	esidence (wi			UNITY	tesidence befo		
	RURAL ond give	heverly		GTH OF STAY IN 16	c. CITY C		outside corpo	role limits,	write RURAL	L ond give ne	prest town)	
	OR INSTITUTION	orges Georges G				ADDRESS	41st	Ave.			e. IS RESID ON A F	ARM
0	NAME OF DECEASED Type or print)	Fir Baby	sl	Middle Girl	Dale	losi BV	4. DATE OF DEATH		Month July	2	y Ye	ear
5. S	Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BI	W		9. AGE (In lost birth	venrs IFU	INDER 1 YEAR		
10a.	USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTH		or foreign co	ountry)		12. CITIZEN C	S.A.	OUN
13.	FATHER'S NAME		1101118		77-2	R'S MAIDEN	NAME			0.	~ 1.0.	
	Frank	0 1,2011				Tiolet	D	aley				
1S. Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17.	INFORMANT				Address			
					Mother				as ab	ove.		
CATION	gove rise to couse (o), stoting lying couse lost PART II. O	the under- DUE TO)	UTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITIC	ON GIVEN II	N PART 1(o) 1	9. WAS AL	JTO! MED
三	200. ACCIDENT WOR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURRE	ED. (Enter noture	e of injury in	Port I or Part	II of item	18.}		YES 🗌	NO
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10		of while	LACE OF INJUR sciory, street, of	Y (Home, form fice bldg., etc	20f. (City	or town)		(County)		(Sto
	21. I certify t	hat I attended the	deceased fra	m2 July	, 19_5	8, ta_2	july	, 1	958_,the	at I last so	w the d	ece
	mlive as 2	July 1958	, 19	, ghd that death	accurred o	1 11.2	OP from	the cou	ses and	an the da	te stated	al
	ACTUAL SIGNATURE	Jelenles	Teis	June 1	M.D. 50		ADDRESS (SI				DAT	
	ACTUAL (Jelenles	Geis	2	M.D. 50						of DAT	
220. CI	ACTUAL SIGNATURE	John Pe ON, 22b. DATE THEREO 7/28/58	prkins 22c. N	MALE OF CEMETERY CO. G.	M.D. 5	301 +	ADDRESS (SI	TON (City,	town, or cou	Hydra Unity)	DAT CStote)	7/

8272

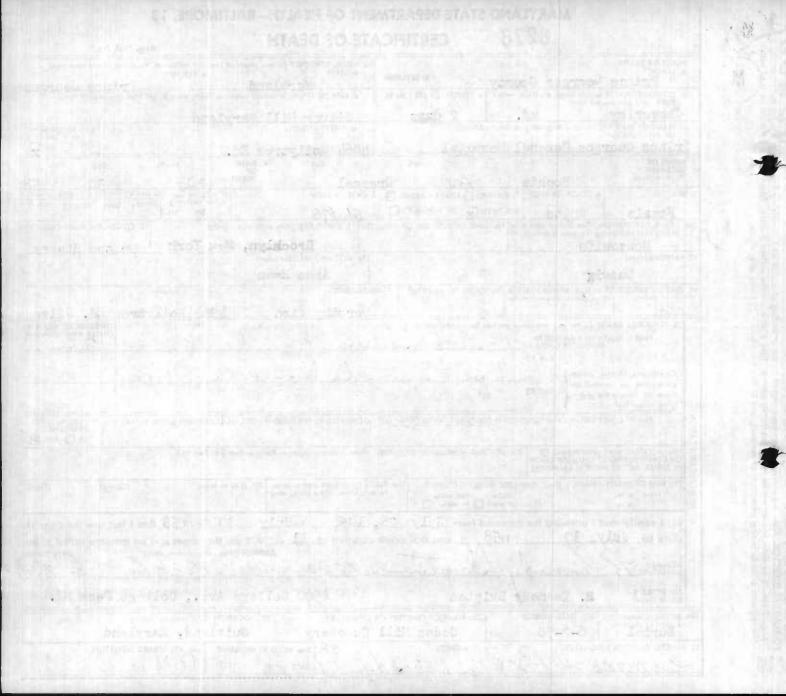
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08263

			ATYSAM PED TO TO
		CERTIFICA	0
	Table Message Co.	SALE OF STREET	
		September Arts	
	Meta yan a		
	Table Naville	Agric S and purply	Mod Attitudent
			to allow the second
The state of the s			
	District Control	SINCONTES IN A PLAN WI	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT.

M

certificate should be executed within 24 hours ofter death. If any delay is necessary, please of 'pending' in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page at Examiner's Office along with form PM3. Page 5 may be resident for your files. The used as a burial-transit permit. File pages 1 and 2 with the resident of Health, all, cremation, or removal, and in any event within 72 mass office death. or its designoted agent, prior to buriat,

of.

16

0

2076335 XV7

execute the certificate, writing the ward 4 should be forworded to the Chief NTO FUNERAL DIRECTOR: Page 3 should TO DEPUTY MEDICAL EXAMINER: This VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Keg. Dist		
1. PLACE OF DEATH				2.		E (Where deceo	sed lived. If institu	rtion: Resident	ce before	admission)
P. COUNT	rince Georg	es	MARYLA	ND	o. STATE Mar	yland	b. COUNT	Pr. C	ieo.	
b. CITY OR TOWN ond give negrest fow	If autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	V (If outside cor	porate limits, write			est town)
-	everly		D.O.A.		× Bow	ria				
		If not in hos	pital, give street address)		. STREET ADDRES	SS			0.	. IS RESIDENCE
Prince	Georges Gen	eral H	Hospital		Spring	field_R	load		Y	ON A FARM?
3. NAME OF DECEASED	Fire	ıt	Middle		Lost	4. DATE	Mont	h	Day	Yeor
(Type or print)	Jean	ne	Rebecca	Du	vall	DEATH	July	29		19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1	-	UNDER 24 HRS.
Female	white	WIDOWED	DIVORCED [Jan. 29,	1958	lost birthday)	Months De	ays H	ours Min.
10a. USUAL OCCUPAT	ON Give kind of work	done 10b. K	IND OF BUSINESS OR INC				country)	12. CITIZI	EN OF W	VHAT COUNTRY
	ng life, even if retired)	34.00	*********		Marylan	d		T	J.S.A	
13. FATHER'S NAME				14.	MOTHER'S MAIDE				1.0.3	2.0
Carleton	Duvall, J.	η.		10	Marjo	ria Jo	llv			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	17. INFO		220 00	Address			
IYes, no, or unknown	(If yes, give war or dates of	service]		Car:	leton Duv	all: sa	me addres	ss as 4	2	
18. CAUSE OF DE	ATH [Enter only one cou	se per line f	for (o), (b), and (c).]			, , ,		A CANA	INTERVAL	DETWEEN
PART I. DE	TH WAS CAUSED BY		Asphyxia						ONSET A	NO DEATH
921.0	IMMEDIATE CAUSE (6)									
Conditions, if	67.13		Aspiration	of s	stomach c	ontents				
gove rise to imme	idiate couse									
(a), staling the	underlying (c)									
-	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH 8	BUT NOT	RELATED TO THE TE	RMINALDISEAS	E CONDITION GIV	EN IN PART I	(o) 19. V	WAS AUTOPSY
PART II, OT		_								PERFORMED?
20a. EXTERNAL CA	USE WAS _ 20	b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter	nature of injury in	Part I or Port II	of item 18.)		1.00	
	ONTRIBUTING [Aspi	ration of vo	omoti	us					
3. 30 P. m.	IRY Manth, Day, Yea		NJURY OCCURRED 20e.	PLACE C	F INJURY (Home, I street, affice bldg.,	form, 20f. (City	y or tawn)	(Count	у)	(State)
3.30 p.m	7- 29 19	58 While	rk ot work	Hot		Bow	ie Pr	. Geo.		Md.
21. I certify I	hot I took charge	of the r	emoins described	obove,	held an Auto	psy K, I	nspection X.	Inquiry	II.	ond in my
opinion death	resulted from:	Votural c	ouses T. Acciden	nt for	Suicide .	Homicide	Undete	rmined mo	onner	
1	1 .		7		,			· · · · · · · · · · · · · · · · · · ·	J	_
ACTUAL SIGNATURE	ohn)	M	alone	1 -0	CHIEF MEDICA	L EXAMINER			D	ATE SIGNED
1						DICAL EXAMINE	R 🗆			
EXAMINER:	John T.	Malone	y, M.D.		DEPUTY MEDIC	AL EXAMINER	July	29, 1	.958	
220 BURIAL, CREMATI SEMOVAL (Specif	7/13.	1/58	22c. NAME OF CEMETERY	OR CRE	Cemete	4	TION (City, Iown, o	lle	, ;	(State)
23. FUNERAL DESECTO	Kine	W.	ADDRESS J	17	7. 1	AIIG 1	rar 24b regis	TRAK'S SIGN	white	

Tale 10

BERE RES LIEL nonethern Hybranda in military day Mai - 29 - 1976 John I. Halland . I aylo . I

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0.00						Keg, Dist, No	•
1. PLACE OF DEATH 0. COUNTY	Prince Georg	e¹s	MARYLAND	2. USUAL RESIDENCE (o. STATE MAT	(Where deceased yland	lived. If institution b. COUNTY	Prince	
b. CITY OR TOWN (II and give regrest fown Chever 1)		URAL C. LENC	hrs	c. CITY OR TOWN (ote limits, write RU	RAL and give no	earest fown)
	at or institution (if corge is Gene			d. STREET ADDRESS / 514 74th	Place			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Hazel	Ferm	Middle	atom	4. DATE OF DEATH	July	Doy 2	Year 19 58
s. sex Female		· MARRIED NI	DIVORCED 8	April 15	1898	Barrie Brook Stor A	UNDER TYEAR	IF UNDER 24 HPS Hours Min.
0a. USUAL OCCUPATION during most of working Housewife	ON (Give kind of work doing life, even if retired)	Own H				(ry)	12. CITIZEN OF	WHAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCE		ECURITY NO. 17. I	velyn Christ	tine Eat	on, Same	as # 2	
Conditions, if o gave rise to immed (o), stating the cause lost,	diote couse	Lober pn	eumonia s of the l	iver				
PART II, OTH 1190 X 20g. EXTERNAL CAI PRIMARY 0 or COI CAUSE OF DEATH.	HER SIGNIFICANT CONDI	TIONS CONTRIBUTE	NG TO DEATH BUT N	NOT RELATED TO THE TERI	MINAL DISEASE C	ONDITION GIVEN		P. WAS AUTOPSY PERFORMED?
	NTRIBUTING [DESCRIBE HOW IN	IJURY OCCURRED. (I	inter noture of injury in Po	art I or Part It of	item 18.)		
20c, TIME OF INJUI	RY Manth, Day, Yeor	20d. INJURY O While Not work of	of while fact	CE OF INJURY (Home, for ory, street, office bldg., et	rm, 20f. (City or	town)	(County)	(State)
opinion death	resulted from: No			, Suicide ,	Hamicide [, Undeterm	Inquiry [1]	and in my
EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	7 - 5 - /		ME OF CEMETERY OR	CEMETER)	22d. LOCATION SUITI	N (City, lown, or c	1y 3, 19 DARY 4 A	958 (State) ND
23. FUNERAL DIRECTOR	S SIGNATURE SEPOR	2224- N	PRESS		JUL 7 58	24 DEGISTE	AR'S SIGNATUR	E

	ATE OF DEAT				
ol sonis				Prince Court	
	affile t	perpa	and a long		Teva 1
	n Place		Indl to I fa	inte s'estos	ongi-T
		m	erson	isan.	
	1698 1698	Christian L.			o Euro
, ,		o.*	and mo		o's East and
S v 88 en-	erret muido				C E
			And Market		
			is to misor with		
all of the man of the	Automatic Co. as				
all of the man of the					
all of the man of the					

B. CULTY D. TOWN BY OWNER OWNERS OF THE STATE OF STAY IN 16 B. CITY ON TOWN BY OWNER OWNERS OWNERS IN THE STATE OF STAY IN 16 B. CITY ON TOWN BY OWNER OWNERS OWNERS IN THE STAY IN 16 B. CITY ON TOWN BY OWNER OWNERS O	1	- 7	-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
a. COUNTY PRINCE EORGES MARYLAND b. CITY OR TOWN If outside corporate limits, write a CUNNTH OF STAY IN 16 b. CITY OR TOWN If outside corporate limits, write a CUNNTH OF STAY IN 16 b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest tow the give nearest low the give limits of the give nearest town and give nearest to	5 E	屯	>	· 8317 CERTIFICATE OF DEATH Reg. Dist. No. 18267
b. CLIV OR TOWN If our builds corporate limits, write RURAL and give necestal low FOR REST VILLE 3 APROX 4 FOR REST VILLE 3 APROX 5 FIRST Middle Loat 4 DATE Modelle 10 DATE	lirecto ed wi		1.	COUNTY DPINALE COUNTY DO STATE AS COUNTY DO STATE AS COUNTY DO STATE
A COLOR OF TOVILLE Color	Tol of	M		b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write PURAL and also accept towns)
OR INSTITUTION OR INSTITUTION	Plane de la			KOKAL UND GIVE NEGIESI (OWN)
2. NAME OF BECEASED (Type or print) A DATE Dot	y the 2 sho	00		OR INSTITUTION ON A FARM?
DEFEASED PLY IN THE PROPERTY OF THE PROPERTY O	9	9 - 1	3.	NAME OF First Middle Lost A DATE Marth
5. SEX MALE WHITE WIDOWED DIVORCED TREBUTH DIVORCED DIVORCE	es ==			DECEASED. OF T MONTH
TOWNERS OF MALE WHITE WINDOWED DIVORCED SENDERS OF RESIDENCE (Sine or foreign country) 100. USUAL OCCUPATION, (Special and worst deep 10b. Kind) OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sine or foreign country) 110. USUAL OCCUPATION, (Special and worst deep 10b. Kind) OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sine or foreign country) 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER INTO'S. ARMED FORCES? 10d. SOCIAL SECURITY NO. 12. INNORMANT 115. WAS DECEASED EVER INTO'S. ARMED FORCES? 10d. SOCIAL SECURITY NO. 12. INNORMANT 116. CAUSE OF DEATH [Enter only one course per line for (o), (o), and (c).] 117. PART I. DEATH WAS CAUSED BY: 118. CAUSE OF DEATH [Enter only one course per line for (o), (o), and (c).] 119. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PRESIDENT WAS UNDERLYING (C). (c). 119. DOB. ACCIDENT WAS UNDERLYING (C). 120. ACCIDENT WEDICAL EXAMINED (C). 120. ACCI	Pog Pog		5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR
THE PRINTING COURSE OF DEATH 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN D'. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (c). (b). and (c). 18. CAUSE OF DEATH 18. CAUS	nplet		10-	MALE WHITE WIDOWED DIVORCED WEE 2, 1887 70 yrs. WILLIAM
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IND'S. ABMED FONCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH 17. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DUE TO 19. CONDITION, WICH 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS DECEASED BY: 19. CONDITIONS CONTRIBUTING TO CAUSE OF DEATH 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS DECEASED BY: 19. CONDITIONS CONTRIBUTING TO CAUSE OF DEATH 19. CONDING TO THE TERMINAL TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIO	pap pap		100	during most of working life, even if retired 1
IS. WAS DECEASED EVER IN O'S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT SOCIAL SECURITY NO. 17. INFORMANT Address FOTHER FORMANT Address FOTHER FOTHER FORMANT Address FOTHER FOTHER FORMANT Address FOTHER	rbon ter d		13.	
STORY STOR	icior re ca	2		GEORGE EMORY MARY E. HOWE
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to immediate course (a), stoling the under lying course (es). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS PERFORMED TO COURSE (e). PART II. DEATH WAS UNDERLYNED TO COURSE (e). PA			15. (Ye	p. po. or unknown) (If yes, give wor or dates of service)
PART I, DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise la immediate couse (a), storing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS PEEPER 19. CONTRIBUTING COURSED (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS PEEPER 19. CONTRIBUTING COURSED (c) CONTRIBUTING COURSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS PEEPER 19. CONTRIBUTING COURSED (c) CONTRIBUTING COURSE OF DEATH COURSED (c) CONTRIBUTING COURSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS PEEPER 19. CONTRIBUTING COURSED (c) CONTRIBUTING COURSE OF DEATH CO	ding ose r		-	The state of the s
DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost. PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS DEED CO. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CO. CO. CONTRIBUTING CO. CONTRIBUTING CO. CONTRIBUTING CO. CONTRIBUTING CO. CONTRIBUTING CO.	ple			PART I, DEATH WAS CAUSED BY, 1 / DEATH
Conditions, if any, which gave rise to immediate course (a), stoling the underlying course (a), stoling the underlying course (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFORMED TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CAUSE OF DEATH OR CAUSE OF DEATH OF WORLD CAUSE OF DEATH OR While Not while Of work	Then vent		4	Transport Cross (of)
Course (a), stoling the under (b) ying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFO YES OR ON THIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER IN 19. OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER IN 19. OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER IN 19. OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER IN 19. OR CONTRIBUTING CAUSE OF DEATH ICONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFO YES CONDITION COUNTRIBUTION COUNTRIBUTI	d by			Conditions, if any, which) (al conorma of CSOP ha 945 3110
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE PART II. OTHER II. OTHER II. OTHER III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONTRIBUTION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONTRIBUTION GIVEN IN PART 1(o) 19. WAS PERFO YES ON THE TERMINAL DISEASE CONTRIBUTED TO THE TERMINAL DISEASE CONTRIBUTE	signer t perre		d	couse (a), staling the under-
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of	ronsi		Z	, (4)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	iof-ti	0	CATI	PERFORMED? YES NO V
Hour a. ft. p. m. 19 While of work rectory, street, office bldg., etc.) 21. I certify that I at sow the olive on the last sow t	fice for the formal of ren			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
p. m. 19 of work of wo	e os		DICAL	(County)
olive on 12 1, 19 5 1, and that death occurred at 250 M, from the couses and on the date state and the state of the state of the signature of the state of the state of the signature of the state of the state of the signature of the state of the signature of the state of the state of the signature of the signatu	this or us		ME	
ACTUAL SIGNATURE ACTUAL SIGNA	After led for			The second secon
ACTUAL SIGNATURE PHYSICIAN'S PALL E VANALE (Type) 220. BURIAL CREMATION, REMOVAL (Specify) JULY 25, 1958 ARLINGTON NATIONAL ARLINGTON NATIONAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE	of bur			The state of the s
PHYSICIAN'S MAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify) 220. BURIAL CREMATION, REMOVAL (Specify) 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) 220. LOCATION (City, town, or county) 230. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE	be derigate			SIGNATURE JULIC TEN JULIAN, M.D. SYYO SILVES HILING SE
23. FUNERAL DIRECTOR'S SIGNATURE 22. NAME OF CEMETERY OR CREMATORY 22. NAME OF CEMET	shoul strar			PHYSICIAN'S PAUL C, VANNALTA Washington 28 hc
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE ALS (4)	FUNE Sage 3		220	REMOVAL (Specify) T OF IOTE
9/55 DATE 1000, WEVOC - 2224 - Was Ulle DATE 1011 9 8 158 Will south	2		23.	FUNERAL DIRECTOR'S SIGNATURE // ADDRESS // - 240, REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE
	9/55	W. 10-3		A. Won. WEVOC - 2224 - Wis Ull DATE JUL 28 :58 Ull feduct

of state goals	PICATE OF DEATH	TERM TITLE	
		THE CHARGE SHIP SHEET	
	Carlo Bacanoste		
		A PROPERTY OF S	
		on venture and determine the state of the st	
	PART TO STATE OF STAT		
and planting the same		force and religious of the sector of the sec	
All the polymers and the best through			
		A STATE OF THE STA	

1. PLACE OF DEATH o. COUNTY

NAME OF (Type or print)

10a. USUAL OCCUPATION

13. FATHER'S NAME

during most of working At Ho

John

FUNERAL PIRECTOR'S SIGNATURE

5. SEX

Prince

b. CITY OR TOWN (If RURAL and give neo d. NAME OF HOSPITA OR INSTITUTION Carrol

	ND STATE DEP	ARTMENT	OF HEALTH	H-BAL	TIMORE, 1	8	n C c	neo
8.	318 CERT	IFICATE	OF DEATI	H		Reg. Di	100	268
Georges	MAR		SUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY		ce before or	dmission)
outside corporate limits, w rest town)	vrite c. LENGTH OF STA		CITY OR TOWN (IF			URAL ond	give nearest	town)
L (If not in hospital, give :	street oddress)		. STREET ADDRESS					RESIDENCE
l Manor Sa	nitarium		2900 Con	n. Av	e. N.W.			S NO
First	Middl	e	Last	4. DATE OF	Moni	th	Day	Year
Davie	tte	Fi	cklen	DEATH	Ju	ly	11	19 58
6. COLOR OR RACE 7.	MARRIED NEVER MARR	RIED 8. DAT	E OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS.
W. WI	DOWED DIVORC	ED 0 11.	-23-1877	?	80? yrs.	Months	Days Ho	ours Min.
ng life, even if retired)	10b. KIND OF BUSINESS	OR INDUSTRY 1	1. BIRTHPLACE (Stote Virgin:		ountry)	12. CI1	U.S.	/HAT COUNTRY?
me		14.	MOTHER'S MAIDEN				0.0.	17.0
. Corbell			Elizabe	th Ni	cholson			
IN U. S. ARMED FORCES?		O. 17. INFORM	WANT		Addr	ess		
	578-28-87	73 Mrs	Franci	s Hil	1	Daug	hter	
H [Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c	1. Reste	not. Les	if-	Pailur	J,		AL BETWEEN AND DEATH WELLS
DUE TO	Horpe	tens	wel Heri	of d	lescose	,	4	yls.
mediote DUE TO (c)	ahter	13-5	eleti	2-	Cresses	enolls	(le	yes
R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D	EATH BUT NOT R	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR		VAS AUTOPSY ERFORMED?

22d. LOCATION (City, town, or county)

Washington

24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

DATE

(Stote)

15. WAS DECEASED EVER CAUSE OF DEAT PART I. DEAT Conditions, if ongove rise to im couse (o), stoting th lying couse lost. CATION PART II. OTHE YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a. fi. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased from 19.5 Sthat I last saw the deceased alive on and that death accurred at Q.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL John V. Dolan PHYSICIAN'S 3100 Conn Ave., NW., Washington, NAME (Type) 220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

Rock Creek

ADDRESS

VS A15 (4)

	nodgicz is al		
	med coor		
at 12 type 12	po falo fil		
	THE LANGE TO SERVICE TO		
gen Ly in Ex	Eden sulla in		Lori con . 45 mai 5 l
	STATE STATE	TOWERS THE	
Marie Care N			
	Wallet 19		
	A business of		er hall-dig (" o.o. germa 1.75 oo ledge
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 150A
Ave., W., Weathlevion, I		ato I St	
Washington and Street			
			HILLIAN LEDGER HARRING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8276 PLACE OF DEATH e. COUNTY Prince George

b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) executed within 24 hours after death. c. LENGTH OF STAY IN should be Laurel, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Laurel General Hospital NAME OF Middle (Type or print) Sydney 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX WIDOWED | DIVORCED [Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR II during most of working life, even if retired) Tarchas Retired 13. FATHER'S NAME Robert Fisher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 72 Then please 18. CAUSE OF DEATH [Enter only one cause per line for](a), (b), and (c). PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 600.0 DUE TO à Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PAR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCU WEDICAL os 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Not while of work at work 21. I certify that A attended the deceased from alive an and that de ACTUAL SIGNATURE 305 Prince George St., Laurel, Maryland Warren, M.D., NAME (Type) 220. BURIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) DDRESS FUNERAL DIRECTOR'S SIGNATUR 240. REC'D BY REGISTRAR 24b. REGISTPER'S SIGNATURE

may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 9/55

C	ATE OF DEATH	1		Reg. D		326	9
D	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	d lived. If institution b. COUNTY	Howa:		re odmissi	on)
ь	c. CITY OR TOWN (If or	utside corpo	rate limits, write RI	JRAL and	give nec	rest town) V
	Savage			3x -	2		
	d. STREET ADDRESS Savage Gui	lford	Road			e. IS RESI ON A YES	DENCE FARM? NO
	lost	4. DATE OF DEATH	Mon		Do		(eor
	Fisher	DEATH	Jul		3		9 58
	8. DATE OF BIRTH		lost birthday)	Months	Days	Hours	Min.
1	January 3,		62 yrs.				
1DL	STRY 11. BIRTHPLACE (State of	or fareign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
,	Marvla	nd				115	12
	14. MOTHER'S MAIDEN N						
	Marian Ha	nnan					
7.	INFORMANT		Addr	e11			
	Hospital	Recor	d				
	/					ERVAL BET	
4	LA BULLY	MI	W. B			SA	
1	2: 1.				1	08	_
5	LUI,	1-			1		
4	phre	tee)		1	24	1/1
BU	NO RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1		
1	a resser	clet.	JU JU	ell	real	YES [NOTE
RRI	D. (Enter nature of injury in P	ort I or Por	i II of item 18.)				
fe fe	ACE OF INJURY (Home, form, ictory, street, affice bldg., etc.	20f. (Cit)	or tawn)		County)	180	(Stote)
1	2 , 19/8, 10 7	13-	185	,that I	last so	w the	deceased
-	occurred at 100		n the causes a treet, city or town,		he da		d above.
	1 - 0			0	-	7/5-	11-
A.	M.D.	1-1-1-	L	6		-1.01	

	CERTIFICATE OF DEATH						
	olim Count						
			The Local Day 1/2				
			-1000 HI1000				
			tolicina Levit ytihoo t it. A estid				
Language, Land		, ,	nav a de respecto				
			The one was a subject				

Total and the state of the stat

\$1

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08270

	8244	CERTIFIC	LATE OF DEAT		Reg. Dist. N	No.
o. COUNTY Frince	George	MARYLAN	11000	regland 6. COI	UNTY Prince	George
b. CITY OR TOWN (If autside a RURAL and give negrest town	ttsvelle	c. LENGTH OF STAY IN 1	c. CITY OR TOWN IIF	outside carporate limits, w		nearest tawn)
d. NAME OF HOSPITAL (IF not OR INSTITUTION	00	nddress) Nanar	4922	La Sall	e Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First TE	RESA -/	FITZPATRICK	4. DATE OF DEATH	Month uly 1	Day Year
Genale 6. cold	ON OR RACE 7. MARRIE	ED NEVER MARRIED DIVORCED	1./ 1 19 /	66 9. AGE (In) lost birthe	years IF UNDER I YE day) Months Day yrs.	AR IF UNDER 24 HRS. The Hours Min.
during most of forking life, e	ven it retified)	(IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME	rnes O	· Connor	14. MOTHER'S MAIDEN I	herene /	Daily	
5. WAS DECEASED EVER IN U. S. IYes, no. or unknown) If yes, give	ARMED FORCES? 16. S	OCIAL SECURITY NO. 17	Mrs Gelen	R. Miller	Address G 504 Silver	Saybron Shrim my
18. CAUSE OF DEATH [Enter PART I. DEATH WAS IMMEDIA		e for (a), (b), and (c).)	chefin	4-1-1		NTERVAL BETWEEN DINSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under</u> lying cause last.	0115.70	meltifly	refund - Sele	I here le s.	l'	30 dry
PART II. OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO Z
	E OF DEATH I	RIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in	Part I ar Part II of item 16	3.)	
20c. TIME OF INJURY Month Haur a. jr. p. m.	, Day, Year 20d. IN. While of work	Nat while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	20f. (City ar town)	(Count	ty) (Stale)
21. I certify that I att alive on	ended the decease	~	th occurred at 2.50	/_/	ses and on the c	saw the deceased date stated above
ACTUAL SIGNATURE	tunt my	Educe	_M.D. 30665	Leve 14	2.4	DATE SIGNEL
PHYSICIAN'S NAME (Type)				Carlon for	7-8	C.
REMOVAL (Specify)	DATE THEREOF	MAT. CE	OR EREMATORY	Wash	wn, or county)	(State)
Frank Geier	s Sons C	ADDRESS, 05-1	4 ST NW DATE	D BY REGISTRAR 246. JUL 2 '58	REGISTRATES SIGNAT	rure)
		Was	21 D.C.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the rial-transit permit. Then please remaye carbon papers. Pages that it is a shauld be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	S-MARKS	
		The second secon
of the second		
		a property
The second	STREET	Secretary and her are by

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory please execute the certificate, writing the word "sending" in penal in Item, 18. Give Pages 1, 2, and 3 to the lupracol director. Page 4 should be forwarded to the Chief M. al Examiner's Office along with form PM3. Page 5 may be in the formation of your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the pages or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death.

I

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH CORM

08271

	04	366		CAMINI	TER .	CERTIFIC	MIL	01 .		Reg. I	Dist. No	·.	
	PLACE OF DEATH o. COUNTY	Prince Ge	orges	MAI	RYLAND	2. USUAL RESIDEN			lived. If institution b. COUNT		Geo		ission)
1	o. CITY OR TOWN (If	outside corporate limits, wri	to RURAL	c. LENGTH OF STA	Y IN 16	c. CITY OR TOW			rote limits, write	RURAL or	nd give n	eorest to	wn)
		everly		35 years		X For	t Foo	t					
•	Prince G	eorges Ger			ess)	d. STREET ADDR 7805	Fort	Foot	Road			ON	A FARM?
	NAME OF DECEASED (Type or print)	Frank		Middle onard	Foar	Lost	1 (DATE OF DEATH	July	1	8 Day		9 58
5. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED [8.	DATE OF BIRTH		9	AGE (In years last birthday)	IF UNDE			ER 24 HRS.
	Male	White	WIDOWED	DIVORCE		4-3-1884		- 1	74 yrs.	Months	Doys	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIN	D OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE	(State or fo	oreign cou	ntry)	12. CI	TIZEN O	F WHAT	COUNTRY
	etired car		Cor	nstructio	n	Virgin	ia				U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME						
	Ed	ward Foar	d			Enm	a El	liot	t				
	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO	D. 17. #	IFORMANT			Address				
					Mr	's Emma Fi	nnell	3 24	25 Davis	Ave	., 1	lexa	ndera,
NON	Candilions, if ar gove rise to immed (o), stating the ucause lost.	liote couse	Ну	pertensiv	e car	heart fa	er di	.sea.s		VEN IN PA	RT 1(o) 1	9. WAS PERFO	AUTOPSY PRMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS NTRIBUTING []	Ob. DESCRIBE I	HOW INJURY OCCI	URRED. (E	nter nature of injury i	in Part I or	Port II of	item 18.)			YES [ОР
MEDICAL	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Doy, Ye	While	Not while of work		CE OF INJURY (Home pry, street, office bldg		Of. (City o	r town)	(Co	ounty)		(Stole)
		resulted from: The John T. M.		alone	_		AL EXAMI	nicide [ermined		er 🗌	d in my
220	BURIAL, GREMATIO		9 2	BELLE BELLE	TEN OR	EREMATORY	22d	al	ON (City, town,	dru drug	0	7 (Stot	•)
23.	FUNERAL DIRECTOR	s signature S	mar	Lyatt	int	lesno	REC'D BY	REGISTRA 2 1 'S	8 246 (REGI	STRAK'S S	gnatur July	N.	

PRATE BOT

MARTIAND STATE DEPARTMENT SCHOOL STATE DEALTHIAM A HTALOGO STATE OF STATE

.050 .11	beaf year 70		Time Geo
	1001 3207	35 years	grands to the
	than pook ones 31.	"Jaskgech Lee	Frince to origin Cana
ar ar	gint of the second	Marie Section 1	Spar
	N-3-TOT	Contract of the	etim enite
. 4	2161920	Complete Carte March	200 0 10 110
	3001163		brises Semma
	ednest disense		
	The second secon		
	O TOP OF THE PARTY OF		
method in a	quest se disse		
Less Level	" Clipton	THE RESIDENCE OF THE PARTY OF T	1/2/4 Channel

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8278 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Filed b. COUNTY MARYLAND Prince Georges Prince Georges Marvland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give negrest town) shauld Riverdale. Riverdale, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Engene Leland Memorial Hospital 1/101 Queensbury Rd. YES NO TO NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) Barbara B DEATH Gerald 19 58 within campletely l SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Davs Hours Min Female White WIDOWED | DIVORCED [2-20-85 papers. yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) death. 12. CITIZEN OF WHAT COUNTRY? pup House-wife Washington D.C. II.S after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charmes Boteler Mary Kimball 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Husband: Guy M. Gerald Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSEL AND DEATH DUE TO by ony Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underand lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY mayal, PERFORMED? q O YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) S 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. n. While Not while at wark at work p. m. 21. I certify that I attended the deceased fro ____, 19____,that I last sow the deceased alive an and that death accurred at / M, from the causes and on the date stated above. DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) poge (State) REMOVAL (Specify) Cemetery Suitland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S.H. Hines Co. '58 DATE JUL 25 15M 9/55 2 Ruch

agiven. College Control Charles Comment BORRES METALSON 4 2 8 Charles Bo Assert Mariet, - Marie Fernisoff Calls Common Health will have the first to SUBSTITUTE OF BUILDING

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the fuyeral director. Page 4 should be farworded to the Chief M all Examiner's Office along with form PM3. Page 5 may be in and for your files, or FUNERAL DIRECTOR: Page 3 should be seen a burial-transit permit. File pages 1 and 2 with the Life pages 4 may be in the permit of the pages 1 and 2 with the Life pages 3 hours to burial creamation or remaind and may event within 72 hours after death. crematian, or remayal, and in any event within 72 hours after dea or its designated agent, priar to buriof,

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pag Diet No

							nag, Dis	1. 110.	
1. PLACE OF DEATH									
	Prince Geor	ges	MARYLAND	o. STATE Mary	land	B. COUNT	PT.	U 00	•
	(If outside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and	give ne	orest lown)
and give nearest to-			D.O.A.	X Imper	Marlh	oro		e. IS RESIDENCE ON A FARM? YES ON OF STANDER	
	Cheverly	If not in housi		d. STREET ADDRESS		TE Month TE Mon			
				1 /		20			ON A FARM?
Prince	Georges Gen	eral Ho	espital	Rt. 1	. Box	30			YES NO
3. NAME OF DECEASED	Fir	57	Middle	Lost	4. DATE	Mont	h	Doy	Yeor
(Type or print)	Bessie		Elizabeth	Greer	OF DEATH	July	2	24.	10 58
5. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years	IF UNDER 1	YEAR	
	Colored	WIDOWED	dish.	1		last birthday)	Months D	ays	Hours Min.
Male	Y The same of the	1		4-22-13					
during most of work	ION (Give kind of work king life, even if retired)	done 10b. Kil	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	le or foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY
Housewife				Mary	land			U.S	A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Mad Da				THEFT	THE TAX	YEVENE TI	orebee	n4	***
NAT DO	VER IN U. S. ARMED FO	PCES2 14 SA	OCIAL SECURITY NO. 17.	INFORMANT	ABAABA		OI CHEC	בענ	-65-
[Yes, no. or unknown]	Ill yes, give war or dates of								
			A	nnabelle Gre	er; sa	me addres	35		
18. CAUSE OF DE	ATH Enter only one cou	use per line fo	r (o), (b), and (c).					INTERV	AL BETWEEN
PART I, DE	ATH WAS CAUSED BY:	4.00	ute comgestiv	a heart foil	111100			ONSET	AND DEATH
1	IMMEDIATE CAUSE (o	AU	ne conferent	e Heer o Terri	.ux e				
1442X	DUE TO		The second second						
Conditions, if	ony, which) (b)	Car	rdiovascular	renal diseas	36				
gove rise to imm	rediote couse								
(a), stating the	onderlying								
) (c								
PART II. O	THER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(0) 19	
3								Y	
PART II. O' 200. EXTERNAL C/ PRIMARY O or CO CAUSE OF DEATH	AUSE WAS _ 20	b. DESCRIBE	HOW INJURY OCCURRED.	Enter noture of injury in Pr	art I or Part II	of item 18.)			
PRIMARY OF CO	ONTRIBUTING								
		1001 01	way occurren los						
3 20c. TIME OF INJ		or 20d. IN While	JURY OCCURRED 20e. PLA	ICE OF INJURY (Home, for lory, street, office bldg., el	rm. 20f. (Cit	y or town)	(Coun	ty)	(Stote)
20c. TIME OF INJ			ot work						
21 L certify	that I took charge	of the re	mains described abo	ve held an Autor	vv 🗖 I	nanaction D	Inquire		and in my
						_		promise.	
apinian death	h resulted fram:	Natural ca	iuses 🍱, Accident	, Suicide,	Hamicide	Undete	rmined m	anner	
		0 - 0	1						
ACTUAL	Arhan -	YAN 1	Variet	M.D. CHIEF MEDICAL	EXAMINER [1			DATE SIGNED
SIGNATURE			and the same	ASSISTANT MEDI	CAL EVAMINI	: P ["]			
EXAMINER'S		1 4	(/			-	- 01	3.00	-0
NAME (Type)	John T. Mal		M.D.	DEPUTY MEDICA				775	00
220. BURIAL, CREMATI	ION, 226. DATE THEREC	OF 2	2c. NAME OF CEMETERY OF	CREMATORY		TION (Cily, lown,		16.	(Stole)
Burial	" 7- 27	-58	Union chur	ch	Uppe	r Marlb	oro,	Md.	
23. FUNERAL DIRECTO		20	ADDRESS/ M.		C'D BY REGIST	TRAR 245 REGI	TRAR'S SIGN	JATIIPE	4
m. wto	DIE (KAL	tins	16337 All	H VOI IICA		0/	, , , , , , , , , , , , ,	1	
Jugue	0101130		wash,	DANIU	L 28 '51	B ILLLA	- PALLE	6	

MASYLA ID STATE DEPAREMENT OF REALTH SOLUTIONS IS A TOTAL OF DEATH OF STATE OF DEATH OF STATE OF DEATH OF STATE OF STATE

		Justician The San		nograph sen	
	0100	Decre Total	k s v	200	adl
	0E 30	22 13 20	Late past	Principle service	actioning
()		11010	di pobulta	alsasi	
	7	21-73-6	Garage Con	Supposition.	al nide
A. P. U		bush seek			olimite.
	17 2167	SURCOURT		7.2	fine team
	and the age	: 10.10 elimiam			
		santites Venerile	vidangene sien.		
		eamonth Istha	sulf-mayo, horsel		

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2245

CERTIFICATE OF DEATH

08274

	OH TO	OFICIAL IO	AIL OI D	LAIII		Reg. Dist. No	D.
1. PLACE OF DEATH COUNTY Prince	George's	MARYLAND	II O CTATE -	ENCE (Where deceased Maryland	d lived. If institution b. COUNTY		ore odmission) George's
b. CITY OR TOWN (If outside co RURAL and give nearest town) Hyattsvill		LENGTH OF STAY IN 16		OWN (If outside corpo Hyattsvill		JRAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION 4006 Oliver	hospitol, give street od	dress)	d. STREET AD	ODRESS OOG Oliver	Street		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Eddie	Middle	Grove lost	4. DATE OF DEATH	Mon Jul		Yeor
female 6. COLOR whi	or race 7. Marriel	DIVORCED	B. DATE OF BIRTH Oct 4,	1889	9. AGE (In years loss by heavy)	Months Days	R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kinduring most of working life, every Seams tress	on if refired)	ND OF BUSINESS OR INDI		CE (State or foreign co	ountry)	U S	OF WHAT COUNTRY
13. FATHER'S NAME Charle	s Mitchell	Sr	14. MOTHER'S	Lie Dolin			
15. WAS DECEASED EVER IN U. S. / (Yes. no. or unknown) (If yes. give we	ARMED FORCES? 16. SC or or dates of service) 577	OL 6559	Mrs Audr	ey Follin	Hyatts	 ville M	d.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO Out to (c)	r Cinon r Cinon ne lista	natar 10, Co	rviy	wit	4	TERVAL BETWEEN
ST CAR		NTRIBUTING TO DEATH BU				EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 20c. TIME OF INJURY Month, Hour o.m. p. m.	OF DEATH KAMINER)	URY OCCURRED 20e. P		ome, farm, 20f, (City		(County) (State)
21. I certify that latter alive on	best K	VIL	19			nd on the do	saw the decease ate stated above
DELLOVAL (Conside)	TE THEREOF Ly 17, 1958	22c. NAME OF CEMETERY OF THE LINC			ION (City, town, o		(State)
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's		ADDRESS tsville Md.		240. REC'D BY REGIST	PAR 26 PEGIS	RAP SOSIGNAL	IRE

VS A15 (4) 15M 9/55

- And Billy of Table 1 to D THE STREET STREET, STR the result of the rate of the same of the same of the same of THE PERSON OF TH the officers and and a comment

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		TIN CERTIFICA	
			, ,
			Manual Control
	deliventa vari		racional fill the sent of the
		H. S. A. S.	O PROPERTY AND ADDRESS.
			Tyde at on with
	Monday . T. Negrania	MIL) - CIT	
			AT STREET
A BELLEVIA COL			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's filed b. COUNTY MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) College Park, Md College Park, Md. 5 years d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 8205 Baltimore Boulevard 8205 Baltimore Boulevard YES NOTE NAME OF 4. DATE DECEASED ENJAMIN (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED AGE (In years lost-birthday) F UNDER I YEAR IF UNDER 24 HRS Months male comp. n papers. death. white WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even il relired) Barber New York USA puo carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician John Henry Unknown hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Annie B Henry College Park, Md. 72 please within 7 18. CAUSE OF DEATH [Enter only one couse pertine for (a), (b), and, (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Candilians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of ilem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) alia do SO motion, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while p. m. ot wark at work 21. I certify that I attended the deceased from ____,that I last saw the deceased alive an _, and that death accurred at_ M, from the causes and an the date stated above. FUNERAL DIRECTOR: ACTUAL 3 should registror PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CREMATORY 22d. LOCATION (City, town, or county) poge (State) REMOVAL (Specify) 7/26/58 Ft Lincoln Crematory Colmar Manor, Md Cremation 10 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE . Gasch's Sons VS A15 141 DATE JUL 2 5 '58 Hyattsville Md. 15M 10/57

	The state of the s		
agrees control of	of late Lyand		
	artis fig 199		A CONTRACTOR
			varies in all
	eline chest cam		
	PERSONAL PROPERTY.		
	THE PARTY OF THE P	AT LC DOWN LOT TO THE RESERVE OF THE	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
200			

8280 CERTIFICATE OF DEATH

08277

Or	DEAL	П	Reg. C	list.	No.
			Lah. P		110.

1. PLACE OF DEATH o. COUNTY Prince	George		MARYLAND	2.	USUAL RESIDENCE (W o. STATE Marvland	here decease	b. COUNTY	on Residence (nission)
	(If autside carparate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	autside carp				own) V
Laurel	leorest town)			Burtonsville 15x.2						
	TAL (If not in hospital, gi	ve street (oddress)		d. STREET ADDRESS			1 30 6	e. 15 f	RESIDENCE
	General Hos		_							
3. NAME OF	Firs		Middle	-11	Lost	4. DATE	Mon	at.		
DECEASED (Type or print)	Geor		E		Hurst	OF			30	19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)			
Male	White	WIDOWE	DIVORCED	A	pril 16, 19	909	49 yrs.	Months Da	ys Hau	rs Min.
10a. USUAL OCCUPATI	ON (Give kind of work d	ane 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	ar fareign c	ountry)	12. CITIZE	N OF WH	AT COUNTRY?
Contract	or		Construction		Colorad	lo		U.	S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
J. Willia	m Hurst				Thi	nne	/- Si	dbeck		
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add			
Yes, no or unknown}	(If yes, give war or dates of se	rvice)			Hospit	al Do	aanda			
Lin CAUSE OF DE	ATH [Enter only one cou				nospi	al ne	corus			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DON, which immediate I the under: DUE TO	a	Do and	26	selere	se	1	701	SOET AN	112
PART II. OT		DITIONS C	ONTRIBUTING TO DEATH BU	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	FORMED?					
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port 1 or Pa	t II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yea	v 20d. IN While at wark	Not while	PLACE (factory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (Cir	y or town)	(Cou	nty)	(State)
21. I certify to alive on	had attended the	decease 19		th oc	curred at 101		700	and on the		
PHYSICIAN'S NAME (Type)	J.M.W	AR	KEN						ON A FARE VES NO NO A FARE VES NO NO A FARE VES NO NO 19 5 YEAR IF UNDER 24 Days Hours M. S.A. INTERVAL BETYVEL ONSET AND PEA NO PERFORMED VES NO	/50
20. BURIAL, CREMATION OF MOVAL (Specify	lang 2	195	22c. NAME OF CEMETERY	OR CR	by Cem	22d. LOCA	TION (City, town,	1	m	tote
23. FUNERAL DIRECTO	The Land	ed	ADDRESS Law	rel	1 h Kan	D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	ATURE	Â

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

directar

should

24

physici

mit.

E

ā

SD

DIRECT

0

3 should

death.

within ?

				Tak Tack!
	*	module assets	*	
	Morris Highle			
				0 1 8 4
				Tomas diferen
	nfinasel			Afri calling
amortial merob avadant	elfodeal .s	124		The second
				Control of the second
	150			
				Secretaria de la como
KIT TO THE TOTAL				

MITTER - TEALTH - BALTIM	TRATEGRA	nd Minery's	
ATE OF DEATH	SERVING.	1008	
	136.1		
	Contact and the	American	
	22		
AND THE PERSON OF THE PROPERTY OF			

FOR STATE HEALTH DEPT.

00

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functol director. Page 4 should be farwarded to the Chief New Col Examiner's Office along with form PM3. Page 5 may be refined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the partie Board of Heelth, or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER: This

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

		8322	MEDICA	FENAMINER	. 5 (1	LKIIIICA	IL OI	DEATH	Reg. Di	III NO	280	
	PLACE OF DEATH	ince Georg	ges	MARYLAN		SUAL RESIDENCE (sed lived. If institu b. COUNT			orge s	
Ь	ond give negrest town Marlow	tt outside corporate limite n) Heights.	202	c. LENGTH OF STAY IN I	b c.	CITY OR TOWN (porate limits, write	RURAL and			
0	I. NAME OF HOSPIT	TAL OR INSTITUTIO	ON (If not in hosp	Transien	d.	STREET ADDRESS		avenue,.			ON A FA	EM12
-	NAME OF DECEASED (Type or print)	Leon	First Earl	Middle Keith		Lost	4. DATE OF DEATH	Month July		Doy 958-	Yeor 19	
5. 5	mal e	6. COLOR OR R.	ACE 7. MARRIEI	NEVER MARRIED DIVORCED		OF BIRTH 2, 1928		9. AGE (In years last birthday) 29 yrs.	IF UNDER	YEAR	F UNDER 24 Hours Min	
00	USUAL OCCUPATION of working Mair force	ng life, even if reti	red)	nd of Business or Ind Povernment	USTRY 11.	BIRTHPLACE (Stot	e or foreign	country)		S A	WHAT COU	NTRY?
13.	FATHER'S NAME AT	nson Keit	1		14. M	other's maiden	ma Lo	w e	Č.			
	WAS DECEASED EN	VER IN U. S. ARMEL		OCIAL SECURITY NO. 17	. INFORM			Address				
		ice now		or (o), (b), and (c).	Caro	1 Keith	H ₁ 1	lcrest He	ights,	Md	•	
	Conditions, if conditions, if conditions, if conditions to imme (a), stating the cause last.	diate couse	(b) Acu	hyxia te carbon	mono	xide po	oison.	ing				
CERTIFICATION			CONDITIONS CO	NTRIBUTING TO DEATH BU	JT NOT REL	ATED TO THE TERA	AINAL DISEAS	SE CONDITION GIV	EN IN PART		WAS AUTO PERFORMED S NO)?
MEDICAL CERTIFI	200. EXTERNAL CA PRIMARY O OF CO CAUSE OF DEATH. 20c. TIME OF INJU 9:100 o.m.	Month, Day	Ran h Yeor 20d. If White	k of work S	xhau PLACE OF I loclory, street tree	IST OF (INJURY (Home, for set, office bldg., et	Dar in	nto oar rlow Hei	(Cou	nly)	(Sto	ate)
		hot I took cho resulted from		emoins described a auses			sy □, 1 Homicide	nspection ,	Inquiry rmined m	20	ond in	nıy
	ACTUAL SIGNATURE	and	W)	Jong	M.D.	CHIEF MEDICAL E	-				DATE SIGNE	D
	EXAMINER'S NAME (Type)	James	I. Bo	yd U		DEPUTY MEDICAL		-	lly 7	, 1	958	
	REMOVAL IS DECITY	JULY	11,1918	22c. NAME OF CEMETERY	OR CREMA		FRE	TION (City, town, of	or county)	Pin	(Stote)	
13.	Maldi 7	Tumeral	Home	816 HSt. N.	E. NA	240. SE	Lo ty decision	SRAR 26 REGY	TRAR'S SIG	NATURE		

IDC.

	And the second		No sonia,
	media districti		
	CONTRACTOR OF STREET		
		id told from	
	DESCRIPTION OF THE PERSON OF THE		
	95 3. 35 E BS LE . S a 50		
	Charles of the state of the state		
		Schements to	Same Line
	John Medi		
& Hotelita, Mr.	droll To dies los		
		HI WOOD OF DESIGNATION	
and the same of th		NOT THE RESERVE OF THE PARTY.	
, .			
		Jane 10 Janeary Inches	
			District State of the last
THE WENT OF THE STATE OF			1200000
			NO SOLD THE PARTY OF THE PARTY
		A solution and the	
			MORE LEADING TO COLUMN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8246 Reg. 618281 director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY T MARYLAND rince orge funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY, IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) From 5 should adows d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Day Year DECEASED OF (Type or print) 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS (ast birthday) Months Days WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0 13. FATHER'S NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. aftending please CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 2 V valovasci 1000 DUE TO permit. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. riol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? á YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) SC 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) Hour o. ft. foctory, street, office bldg., etc.) While Not while of work of work D. m 21. I certify that I attended the deceased from 17an . 195 That I last saw the deceased and that death occurred at 4:00 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior should 5 PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY

22d. LOCATION (City, town, or county)

24b. REGISTRARS-SIGNATURE

240. REC'D BY REGISTRAR

DATERIT

(State)

VS A15 (4)

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

death.

within ?

LINES IS LEGGISTER				997656 371	
					HARRIS IN FILE
		MODEL PRINTED			
		Males .			
	100000	14770-54.5			
		200			
				to a street a subject to	
	Was and Total				24
			ATTENDED TO SERVI		Market 1
					to 1 Sprinters
		SPORTS OF A STATE OF			
					J. Leinby I.
				The second second	
	With the Carlo		St.		10000
	TO THE				

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BA	LTIMORE, 18
--	-------------

8281 CERTIFICATE OF DEATH

08282 Reg. Dist. No.

1	o. COUNTY Prince	leorge		MARY	LAND	o. STATE			b. COUNTY	1	ice before o	dmission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b				rote limits, write		give nearest	town)	-
	Cheverly			23 days		#4+444	Wash	ington	D.C.	4	47x	3	
		AL (If not in haspital, g	ve street	address)	,	d. STREET	ADDRESS	THE MOII	Valle			RESIDE	
		eorge Gene	ral			1627 V	ัลษทเพ	Plec	e. N.E.			ON A FA	
3.	NAME OF	Fire		Middle		Los		4. DATE	Мо		Day	Yeo	
	(Type or print)	Est	her	M.		Kiatta		OF DEATH		ılv	26		58
S	SEX			HEDE NEVER MARRIE	ED []	B. DATE OF BIRT			9. AGE (In years		TYEAR IF L		
	Female	White	WIDOWI	DIVORCE	00	12/20/	1901		last birthdoy) 56 yrs.	Months	Days Ho	ours	Min.
10	during most of work	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPI	LACE (Stote	or foreign co		12. CI1	IZEN OF W	HAT CO	UNTRYS
		me	3 8			Leb	anon	1			U.S.A.		
13	. FATHER'S NAME		57.1			14. MOTHER'S	-				UOUSE	-	
L	Shadid	Farrah				Un	know	2					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT	WA a ba	- 7	407 TrAdo	lress	30.7		7
L		in yes, give won or outes or re			Jo	hn H.	Kiat	va- W		num on. I	Place	9,	N.E.
		nmediote (Reperting	Curcun 6	Cen	ados	is	go-	I he	ly in	INTERVA SOSET		
CATION	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	PE	AS AUT	EO?
CERTIFIE		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURRED). (Enter nature o	of injury in F	Port I ar Part	II af item 1B.)				
MEDICAL	Hour a.m.	Month, Day, Yea	While of work	Not while	20e. PLA fact	CE OF INJURY (lory, street, office	Home, farm, e bldg., etc.	20f. (City	or town)	(0	County)		(Stote)
	21. I certify that I attended the deceased from Mail 5, 19587 to 7/26/ 15 other I last saw the deceased												
	alive an July 25, and that death accurred at 12:20 PM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) PHYSICIAN'S Dr. George Hageage												
22	. BURIAL, CREMATION	N, 226. DATE THEREO		22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)	
	Burial (Specify)	7/29/19	58	Glenwood					ington	DC		1210161	
	The S.H.H	signature ines Co	290	ADDRESS WE	sh.	D.C.		DAY DECK TO		STRAR'S SIG	NATURE		

		ATRAGED STATE O	
		auren Udalisaria	
The second	1897 Paring		
	#4444 (176 / 176)		rantifo
* (* *	Debricat		
			The sale branch
	15-948		
	101121 10110		
		Dominic Co.	

ge 4	TO FUNERAL DIRECTOR: After this certifical as been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the altransit permit. Then please remove carbon papers. Pages to 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.
Po	filed
death	d be
offer	shou shou
hours	by the funeral
n 24	filled ges 2
with	etely Pag
cuted	compleos
e exe	and bon er de
cote t	sician ve car
certifi	g phy remo
leath	lease ithin
the	he at Then p
s that	d by I
equire n.	signe it per
law r	been trans
The	al al
CIAN	tificat s the
HYSI	use or motion
ING P	frer the d for
TEND the h	DR: A stache burio
R AT	RECTC be de
TAL C	AL DI hould rar pi
OSPI y be	UNER ge 3 s regis
10 H	TO T
VS 15A	A15 (4) A 9/55

	641	OEKINIO/	ALE OF BEATT	Reg.	Dist. No.
	Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where dec o. STATE	eased lived. If institution: Resi b. COUNTY	idence before admission) 47X - 3
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write BURAL o	and give near wown)
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION).	mov	d. STREET ADDRESS 2726 C	om. are. 71	•. IS RESIDENCE ON A FARM? YES NO P
	NAME OF DECEASED (Type or print) Margare	Middle M.	Killen DE	ATE Month	Day Year 5 1958
	T WIDOWED	DIVORCED	8. DATE OF BIRTH 5/2/1873	85 yrs. Month	
1	0a. USUAL OCCUPATION (Give kind of work done 10b. K. during most of working life, even if retired). 3. FATHER'S NAME	ind of Business or Induction Deed:		ign country) COLUMBIA	U.S.A.
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (170s. no. or unhnown) (If yes, give wor or dates of service)		NFORMANT	ILEY Address	
	PART I. DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under- lying couse lost. Cause of DEATH Enter only one cause per line (b) DUE TO DUE TO (c)	rebral V	hal Prem ascular ac cardio-lus	moria cident culo Rend	3 morely
	PART II. OTHER SIGNIFICANT CONDITIONS CO				PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
-	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I o	r Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour o. ft. p. m. 19 While of work	Not while for	ACE OF INJURY (Home, form, 20f. clory, street, office bldg., etc.)	(City or town)	(County) (Stote)
	21. I certify that I attended the deceased olive on July 19 19 19 ACTUAL SIGNATURE PHYSICIAN'S Frank L. Williams NAME (Type)	L., and that death	occurred of 11:08 M, ADDRES		I lost saw the deceased the dote stated above DATE SIGNED
-	20. BURIAL, SERVITOR 225. DATE THEREOF 7/8/1958	7c. NAME OF CEMETERY O		OCATION (City, town, or count Vashington,	D. C. (Stote)
1	3. FUNERAL DIRECTOR'S SIGNATURE Sous	Was hingt	DATE JUL 9	egistrar 245. Registrar's	

				1932	
			alogn tills		react soutes
					all very little
	21,016	Zame numer			ALCONO.
		1260			
			CL SOR TO C	STATE OF THE PARTY	STEEL STEEL
		R ETEL			
	Salara Salara				La True Wards of
	- N 1 2 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1			- 3.0	
					DESCRIPTION OF THE PERSON OF T
end by the water was been					Same the Albert 1.15
			no.		I dunes Frank
, b. c. per	Washiret	Tangone	5 36-275 .5		6 7 2 2 2 2 2 2 2
					BRIGHTS CHICSON HANNES SE

dad route			
			Land to Extra land a land
	. The Co		
		The Parket of the	as 7.5 Mary and Construction and Constru
	744 AS-12		
		Latin the Color	
	E E E E E E E E E E E E E E E E E E E	100000 1000	SEAS CONTRACTOR OF SALLING
	I DESCRIPTION OF THE PERSON OF		
		-94XG	

FOR STATE

HEALTH DEPT

8283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08285

Ph. 1 A	D. R.	

					Nag. Dist.	10.		
o. COUNTY P	rince Georges	MARYLAND		Where deceased lived. If institution b. COUNT	_			
b. CITY OR TOWN (I	f autside corporate limits, write RUR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give	neorest town)		
	Cheverly	D.O.A.	× Hil	lside				
d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	t in hospital, give street address)	B. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Prince (deorges Gener	al Hospital	5500 M. St	reet S.E.	40000	YES NO		
3. NAME OF DECEASED (Type or print)	Joseph	Middle Raymond	Lare	4. DATE Month OF July	15	y Yeor 19 58		
S. SEX		MARRIED NEVER MARRIED B	3-29-18	9. AGE (In years fast birthday) 69 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.		
100. USUAL OCCUPATION	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUST		te or foreign country)		OF WHAT COUNTRY		
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Fra	anklin Lere		Mary E	lizabeth Reigne	r			
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES If yes, give war or dates of service	1	NFORMANT	811 49th Ave.,		Heights,		
Conditions, if c gove rise to imme (a), stoting the couse lost.	underlying DUE TO		scular renal	disease	/FN IN PART I(a)	TO WAS AUTOPSY		
OF STATE OF					(0)	PERFORMED? YES NO NO		
PART II, OTI	NTRIBUTING	ESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Pa	et I or Part II of Hem 18.)				
20c. TIME OF INJU	RY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA. While Not while of work	CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City or town)	(County)	(Slote)		
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner								
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER EXAMINER'S EXAMINER'S DEBUTY MEDICAL EXAMINER							
	ON, 226. DATE THEREOF		CREMATORY Lill Cem. 1240 8EC	Washing		(State)		
n.w. Z	hambers to	Inc 5/7-11 #	NAS DATE	JUL 1 8 58 W	Hear	1		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the fungral director. Page 4 should be forwarded to the Chief Merical Examiner's Office along with farm PM3. Page 5 may be related for your files.

TO FUNERAL DIRECTOR: Page 3 should 1. Led as a burial-transit permit. File pages 1 and 2 with the 3. Baard of Healthmore its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS AISME 5M 2/57

asemio sorie rince Teorett James Lacerital THE REPORT OF THE PARTY OF THE PARTY. bil , and come interest , ava and the term interest but be-ar-a THE VIEW OF THE PARTY OF THE PA Mike the water of the water who John L. Tallore, J. M. Fot

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 by the funeral O FUNEXAL DIRECTOR: After this certification is been signed by the ottending physician and campletely filled page 3 should be detached for use as the cal-transit permit. Then please remove carbon papers. Pages 1 the registror prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death. moy be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certifical s been si

VS A15 (4) 15M 10/57

1	54	
filed with	M	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8284 CERTIFICATE OF DEATH

08286

Par Disk Ma

0203	keg, Dist. 140,
1. PLACE OF DEATH o. COUNTY Prince Georges MA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corparate limits, write c. LENGTH OF STA	1221100 002100
RURAL and give nearest lawn)	15
d. NAME OF HOSPITAL (If not in hospital, give street address)	hr // Hyattsville d. STREET ADDRESS d. IS DESIDENCE
OR INSTITUTION	ON A FARM?
Prince Georges General Hospita	al 6512 Queens Chapel Rd YES NO E
3. NAME OF First Midd	Ile Lost 4. DATE Month Day Yeor
(Type or print) Harold H	Lavine DEATH July 28 1958
5. SEX 6. COLOR OR RACE 7. MARRIED ENEVER MAR	
Male White WIDOWED DIVOR	CED 1 Sept. 1899 Tost birthdoy) Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
during most of working life, even if retired) Dentist	usa usa.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maurice	Starol Goz-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	IO. IT INFORMANT Address
(Ves. no. or untarget) (It yes, give wor or dates of service) $v13-38-3v$	Boda Lavine -
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HCUTE	ORONARY CICLUSION ONSET AND DEATH
420.1 DUE TO	
Conditions it any which) Cabilla 1	Hypertension
gove rise to immediate	//
lying couse last. (c) ARTERIO.	schorosis - moderate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS' PERFORMED? YES \[\] NO \[\]
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OIL ETHER, NOTIFY MEDICAL EXAMINER	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
Hour o. m. While Not while at work of work	foctory, street, office bldg., etc.)
	A A A A A A A A A A A A A A A A A A A
21. I certify that I attended the deceased from Com	1977, to 2007, 198, that I last saw the decea
alive an VUX 20 , and the	at death accurred at 12 from the causes and an the date stated abo
ACTUAL DO DO BORRES	ADDRESS (Street, city or town, stote) DATE SIGN
SIGNATURE LEVE & Carpula	4 MOB311 NaltinoRt Uve-Kingdale Tes
PHYSICIAN'S	Ad
NAME (Type) Dr. David Clayman, MD.	1600
220- BURIAL CREMATION, 226 DATE THEREOF 22 NAME OF CE	METERY/OR CREMATORY 22d. LOCATION (City, town/pr county) (Stote)
(SPONDY) 1/29-19-18 Telesan	Vetgrad (cur. (clashingla DC
23. FUNERAL DIRECTOR'S SIGNATURE T ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Totaling Juneral forme	Wash De ann 20150 Paul 1

13.	+		82	85 M	LAND !		DEPARTM MINER'		RIFICA	TE OF	DEATH		4 1 4	328	7
should should	M	1.	PLACE OF DEATH	Film G232 Georges C	ounty	750 1	MARYLAND			Where deceas	ad lived. If Institution D. G. COUNT	ution: Resid	Pist. No lence bef	ore odmi	ssion)
iol iol			. CITY OR TOWN	(If outside corporate limits, v		1	OF STAY IN 16	-			porote limits, write		d give n	parest lov	wn)
Pag buric			ond give necrest to			8 d	avs ·		Washir	agton	D.C.		47	x-3	V
nec.	197		. NAME OF HOSP	ITAL OR INSTITUTION	(If not in ho	spital, give str	reet address)	d. STI	REET ADDRESS					e. IS RE	SIDENCE A FARM?
Price S.	//	P	rince G	oorges Ge	neral	Hosp	ital	34]	L7 - 24	th.	street.	N.E.			NO 🔀
ony delo funeral o r your regiss			NAME OF DECEASED (Type or print)	Charles	First	J.	Middle Lin	nehen	Last	4. DATE OF DEATH	Moni	h =	Doy 2		ear 9 58
for for a	1	S. 5	EX	6. COLOR OR RAC	E 7. MARRI	ED NEVE			BIRTH		9. AGE In years lost birthday)		-	7	ER 24 HRS
the the	$(\cdot \mid \cdot \mid \cdot \mid)$		Male	White	WIDOWE	D 0	IVORCED [12/1/	/1884		73 yrs.	Months	Days	Hours	Min.
deol d 3 d d 3 d etoi	0	100	. USUAL OCCUPAT	ION (Give kind of working life, even if retired	k done 10b.	KIND OF BUS	INESS OR INDUS	TRY 11. 816	RTHPLACE (Stote	or foreign c	ountry)	12. CI	IZEN OF	WHAT	COUNTRY
pe. I			Printer		U.	S.Gov	ernmen	t Br	radford	l, Ma	ss.	U	.S.	1.	(Yes)
7. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		1	FATHER'S NAME		n			The state of the s	HER'S MAIDEN						
hou See	- 本			A. Lineh					y Lev:	LS					
Poge ele p		15.	WAS DECEASED E	VER IN U. S. ARMED I	of service)	SOCIAL SECU		NFORMAN	99		Address				
3. Fi			No					uth I	inehar	1 (Wi	(e) Sam	0 85			
P.W.				ATH [Enter only one of ATH WAS CAUSED BY:		tor (0), (b), o	ond (c).]	1	/ 1	1 .1			INTER	VAL BETWE	EN VIH
m l ar			0 .	IMMEDIATE CAUSE	(0)	0776	310/1	y th	unal.	port	1116				
n Ite	V		904,0 Conditions, if	DUE T	1 3	120-	1	101.	9						
d be			gave rise to imm	ediale cause	(b) 1 62	- Win	1	rver	ino	my					
hould afor			(o), stoting the couse lost.	underlying DOC I	(c) T	nael	uriol	les	1 hr	10					
ffice as as as		NO.	PART II. O	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 15	PERFO	AUTOPSY RMED?
din	0	CATION	4917	X				1000					1	ES 🗌	NO DE
. per		CERTIFI	20g. EXTERNAL CAPRIMARY Sor CO	ONTRIBUTING []	20b. DESCRIB	HOW INJU	RY OCCURRED.	Enter nature	of injury in Por	f For Port II	of item 18.)				
ard ard Exam			20c. TIME OF INJ		(eor 20d	INJURY OCCI	URRED 200. PLA	CE OF INII	IRY (Home form	1204 1000	or town)	ICA	ounty)		(State)
he sh	88	WEDICAL	Hour o. m	7 -11 .	Whil		vhile fac	ory; street,	office bldg., etc	14/2	shin To)	2) 1.	_ ~	(3,010)
AMI Med Med		1		that I toak charg			7	ve. held	an Autaps	v 🗖 . I	spection	Inqui	CV 🗆	and f	find the
Nei EX				d from: Natura						_				GIIG I	1110 1110
cale, cal		1	0	1 / _	D vib	1							34		2000
AED tifica th DIR	100		ACTUAL SIGNATURE	Mm	Mr.	alay	1827	_M.D. CH	HEF MEDICAL E	KAMINER [DATE S	IGNED
A P P P P	2		EXAMINER'S					AS	SISTANT MEDIC	AL EXAMINE	RO 7	-2	3-	58	-
Pord A			NAME (Type)	John T.		ney		DE	PUTY MEDICAL	- 4	2				
cute 15 forward o FUNI	5	220	REMOVAL (Specif			Mt Ol	TVOL	CREMATO	RY	WA S	rion (City, 10wn, hington	or county)	C.	(State)
		23	Burial PIRECTO	6/24/58 R'S SIGNATURE	3	ADDRES		72	240 PEC	D BY REGIST		STRÁR'S SI		E	
VS. ATSME(S)		7	a 200 m	12	00-0	26	misi	alri				hed			
SM 9/SS			- J	O Juna	CLAY	Acm	7	med	DATE						
					41	ne									

37 38				AMERICA	
				*	
	• १			40137000 000110	
		1 30.85			
HISTORY WAS A TO	TO 4.5 AS - 72.55	A Laction and	L. Drienne	1011301-0011	#53°
20 - C - C - C - C - C - C - C - C - C -		CALL			
	1370 1374 4884 (1)				
	Manual Section Section 1				
	R e	AMERICA VOL.			
	The state of the state of the state of				
	A Land Court of the Court of th			All A Maleta	
BITCOIN CALLORS					
		- 1 1			
	To the same and the same of				
	CALL PLANTS TOWN		dollar.	- 10° - 10°	
	ton triging				
	THE RESERVE OF THE PARTY OF THE				

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. It Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Page 3 should "Used as a burial-transit permit. File pages 1 and 2 with the "The Band of Health, or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

8286 MEDICAL EXAMINED CONTINUE BALTIMORE, 18 08288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Reg. Dist.	No.	
PLACE OF DEATH					ESIDENCE (V	Where decease	ed lived. If institut		before ad	mission)
	rince George	8	MARYLA	o. STATE	New Y	ork	b. COUNT			
b. CITY OR TOWN and give negres! to	If outside carporate limits, writings	RURAL	c. LENGTH OF STAY IN	16 c. CITY O	R TOWN (II	outside corp	orole limits, write	RURAL and gi	ve neoresi i	lown)
	iverdale		D.O.A.		New Y	ork		69x-	8	
d. NAME OF HOSP	PITAL OR INSTITUTION (If not in hosp	pital, give street oddress)	d. STREET	ADDRESS				e. IS	RESIDENCE
Leland M	lemorial Hos	oital		55	50 We	st 171	st Stree	t		N A FARM?
3. NAME OF DECEASED	Fir	sP .	Middle	Lo	st	4. DATE	Month	1	Doy	Yeor
The second secon	George	Stanl	- 0			DEATH	July 3			19 58
S. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF BIRT	Ή	27/ 34	9. AGE (In years fast birthday)	IF UNDER THE		IDER 24 HR
Male	white	WIDOWED	DIVORCED [Oct 23	3. 190	00	57 yrs.	Months Doy	ys Hours	Min.
a. USUAL OCCUPAT	TION (Give kind of work king life, even if retired)	done 10b. Kl	IND OF BUSINESS OR IN			or foreign co	ountry)	12. CITIZEN	OF WHA	T COUNTE
Supt. of L		D	ept. of Corr	cection F	Realel	TA our	V	11	C 4	
3. FATHER'S NAME		-	opos or dor	14. MOTHER'S			1.		S.A.	
George	T.4 to			47		K Vat	hlaan Ct.	anhana		
5. WAS DECEASED I	EVER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. INFORMANT		NA C	hleen Sto	abueus		
Yes, no, or unknown)	Ilf yes, give war or dates of	service)	9-10-4690		Tite.	Come		- 4 0		
200	110110 2	0)	7-10-4070	Adelaide	DI 62	penne	audress (48 # C.		
gove rise to imm (o), storing the couse last. PART II. O			NTRIBUTING TO DEATH I	BUT NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIVE	EN IN PART II	p) 19. WAS	SAUTOPS
3	AUSE WAS 20		HOW INJURY OCCURRE						PERF YES [ORMED?
PRIMARY OF CO	ONTRIBUTING				.,,.,,,		or 110.11 [U.]			
20c. TIME OF INJ Hour o. m p. m	1.	While	NJURY OCCURRED 20e. Not while of work	PLACE OF INJURY factory, street, office	(Home, form e bldg., etc.	20f. (City	or town)	(County)	(Stote)
21. I certify	that I took charge	of the re	emains described	above, held ar	Autops	y [], In	spection .	Inquiry	V). a	nd in m
	h resulted from: 1		-	_	_	Homicide		mined mor	MP1.	
	^ /				۰ لــا ،	Tomardo	, Olidelei	mined illoi	IIIet [1
ACTUAL (10/2 79	an all	000.1	CHIFF	MEDICAL EX	CAMINER [DATE	SIGNED
SIGNATURE	Junn 1	160	orac	M.D.		AL EXAMINER				
EXAMINER'S	Y-1						_		700	
NAME (Type)	John T. Ma]				MEDICAL	EXAMINER			1958	
Burial CREMAT	July 7.	1958	Lutheran				York City		Y. (Sto	ote)
3. FUNERAL DIRECTO	1 1 1 1		ADDRESS		240 RFC"	D BY REGISTR		TRAR'S SIGNA		
		Tonn 4.4				***		ANDR 3 SIGNA	TORE	
r. Gasc	h's Sons 1	iyatts	ville Mary	land.	DATE J	UL /	58)	1	1	
							CO.	reduce	h	

ALARYLAND STATE DEPARTMENT OF HEALTH - FALEMORE IS

Prince Party of Services 1.0.1. How for the Services 1.0.1. How for the Services 1.0.1. How for the Services 1.0.1. 1.0.1						
Severied Learning Hornital 550 werk lyle's Street line to the land the course it tended it tended 15.50 werk lyle's Street line to Decree it tended 15.50 mm 25.00 mm		200 100			Palleonari	
ACT OF LANGE		Stor York			of a revis	
And the second of derection trocking, No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		350 gerk 171st Street		Lathyen	ii furromati	brug los
Town of includies to provide tracking tracking, N.V. Replace Staphane Love of 125 and	52 4	E - 1205	80 A.L			
Solve with a life of the contract was active using associated us 2. And geographies hard indigence us 2. And geographies hard indigence us required the contract of the cont		55, 4900 57, 450			at ide	# FEET
One with the conjective mark inthing Sandy on the conjective mark in the con	A. 1.0	Mon Grockins, M.V.	herrob to .	me I i i	no internal	10 .CH
A. J. September 1999 And J. September 1999 A	enorig	Advisor as this on Ste			2020.	1956U
Active constant in the prospective land that in the property of the property o	.0 .0	Daile Lite; sene accrese u			. p er	HeV.
		oudtet draw				
The control of the co		ul laurre	religing	e Karako		
The control of the community of the control of the						
The manufacture of the state of						
The second secon						and the second
Management to the property of the population of the property o		- A CONTROL OF THE PROPERTY OF THE PARTY OF				
	1 N. N.	THE PRINT WORLD	arread t	M Suct 1.		

FOR STATE HEALTH DEPT.

M

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Mary Farminer's Office along with farm PM3. Page 5 may be rely and far your files.

TO FUNERAL DIRECTOR: Page 3 should sted as a burial-transit permit. File pages 1 and 2 with the cease board of Health, ar its designated agent, priar to burial, cremation, ar remayal, and is any event within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08289 Reg. Dist. No

b. CITY OR TOWN (If outside corporate limits, write RURAL ond good give recrest town) Takona Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 7240 Glengary Place 3. NAME OF DECEASED (Type or print) Florence Bernice Magner 6. COLOR OR RACE Married NEVER MARRIED		dence be		ission)								
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	e RURAL	13		c. CITY C				RURAL or	nd give n	neorest lo	wn)
	and the second second second		1		d. STREET		ma Pari	K				ESIDENCE
7240 Gle	ngary Plac	e			1	7240	Glenga	ary Plac	e			A FARM?
DECEASED		_	4			ost	OF			Doy		9 58
5. SEX						тн -		9. AGE (In years	IF UNDE		IF UND	ER 24 HRS.
Female	white	WIDOWED	DIVO	RCED 🔲	11-	4-16		1.9	Months	Days	Hours	Min.
House w	life, even if retired)	done 10b. K	IND OF BUSINES	SS OR INDUST	Ne	brasc	8.	ountry)	12. CI		B.A.	COUNTRY
	-1- D V				14. MOTHER			WaWii Tam				
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURIT	Y NO. 17. IA	FORMANT	nacc	16 L.			-		
Yes, no. es unknown)	(If yes, give wor or dates of	service)		Ja	nes P.	Magne	r: same			# 2.		
200. EXTERNAL CAU	inte couse DUE TO derlying (c) ER SIGNIFICANT CON SE WAS 20	DITIONS CO	INTRIBUTING TO						VEN IN PA			AUTOPSY RMED?
CAUSE OF DEATH. 20c. TIME OF INJUR Hour G. m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRI	facto	E OF INJURY iry, street, offi			or town)	(Ce	ounty)		(State)
21. 1 certify the opinion death of actual signature	ot I took chorge resulted from: I	Satural c	alor		M.D. CHIEF	de [], MEDICAL E	Homicide XAMINER CAL EXAMINER EXAMINER	, Undete	ermined		DATE S	d in my
220. BURIAL, CREMATION SEMOVAL (Specify)	ohn T. Male		Hale Of	CEMETERY OR		releve		ON (City, lown,		14,	(State	Ed.
23 FUNERAL DIRECTOR	SULLY 25	1 Car	ral DU	red 4	10.	249 REC	JUL 1 0	100	STRAR'S SI	Cour	RE	

MIDICAL EXAMINER'S CERTIFICATE OF CASH Indoor Fr. 61 TT. 10.00. (20.0 Marries Fr. 61 TT. 10.00 (20.0 Marries Fr. 61 TT. 10.00 (20.0 Marries Fr. 61 TT. 10.00 (20.0 Marries Fr. 61 Mar					
Sign and any are the second of				EN SPA	
The black of the control of the cont	\$	boal tall	4.11	uned sont.	
Trunts price street the second of the second		Farona Tara	THERE IS		
Trunts purity remains the property of the prop		Figure and Colff		confidence of the second	The comprehensive to
ACTION OF THE PROPERTY OF THE	(,	et pt. makin karan pana		SP 45-11	
Action of the control		AL-1-LI		1760Eliu	Tellaus'i
A Service of the Control of the Cont		400.82080		4 101	T esta
	ate.	Battie 1. Kesull		enal .c. sto.	
STATE OF THE PROPERTY OF THE P	12 S 4 S 4 S 5	ne e. Lagnor, some eder			
		and the same			
Mercy T. Community of the Community of t					
		The second across the Lag	Male Company	Card.	
	887 (1 7)		r v e	oter 7 er	C. S. HOWARD
			arresta		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whete deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY rince MARYLAND eorges C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town aa should after d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? elan YES NO 24 hours 10 W NAME OF Middle 4. DATE OF Year Manti DECEASED Xa (Type or print) DEATH 5 19 within 9. AGE (In years lost birthdoy) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours Min. DIVORCED WIDOWED [YES 10o. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ray Offer 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 0415 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address record attending S 0 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) that **DUE TO** Canditions, if any, which mit. any gave rise to immediate DUE TO couse (o), stating the underlying couse lost. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 냪 So 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from I O that I last saw the deceased alive on and that death accurred at 4M, from the causes and an the date stated above. may be retained by the TO FUNERAL DIRECTOR: ACTUAL page 3 should be TO HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 7/7/58 Cremawi (andify) Ft Lincoln Crematory Colmar Manor, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons

Hyattsville Maryland.

DAVIUL 1 0 '58

VS A15 (4) 15M 9/55

		MISS OF THE PERSON	
	30.00		
		044	
West of the Party		restaurant production of a	
BURNES OF MALL OF		of Distances and Section 2.1	
TELL TO DAME		BOWN TOTAL	1.7

VS A15 (4) 15M 10/57

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8288 CERTIFICATE OF DEATH

08291

Reg. Dist. No.

1.	o. COUNTY	ce Geroges		MA	RYLAND	2. USUAL RES	2.0	here decess		YTHUD	-	~	
	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi	ts, write c.	LENGTH OF STA		,	B. C. C. C.	outside carp	orate limits			e nearest taw	
	d. NAME OF HOSPITA			dress)		d. STREET	ADDRESS	Lison				ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	George	st	Midd		whew	ost	4. DATE OF DEATI		Mont		Day 20	Year 19 58
	sex Male	6. COLOR OR RACE White	WIDOWED	DIVOR	CED 🔲		ept. 1		9. AGE (I lost bir	n years thdoy) yrs.		YEAR IF UND	-
	None FATHER'S NAME	N (Give kind of work ing life, even if refired	dane 10b. KIN	ND OF BUSINESS	or indust	RY 11. BIRTHE	ARY	LA	coultry)	9 1	12. CITIZI	S .	COUNTRY
	WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY N 7-07-83	10. 17. IN	ARA. P	ARA MA	YHEN	V. 7	Addre O O	"While	Hous	Rd.
		TH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Acu	for (a), (b), and (c)		edema						INTERVAL BI	
	Conditions, if an gave rise to im cause (o), stoting t lying cause last.	he <u>under-</u> DUE TO	Cir	rhosis c	of the		*	•				day	s.
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON									N IN PART 1	PERFC	AUTOPSY ORMED?
MEDICAL CERTI		MEDICAL EXAMINER)		BE HOW INJURY IRY OCCURRED Not while	20e. PLAC	(Enter nature CE OF INJURY ory, street, affice	(Home, form	, 20f. (Cit		18.)	(Cou	enty)	(State)
	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	of I offended the	deceased, 19	from july from july ,, and the	18 to	poccurred of	8, to 14,20	AM, fro	om the co Street, city of Any	ouses ar	nd an the	st saw the date state	
1	O. BURIAL, CREMATION PEMOVAL (Specify) SUCCESS FUNERAL DIRECTOR'S	7-23-	58	ADDRESS	METERY OR	NATION	VAL	Sui	TLA!	VD,	MA	RYLL	المكأ
6	V.W. Cho	mbers	30. W	ashmaj	tos, o	1.e	DATE	D BY REGIS	58 24	Me s	RAR'S SIGN	AT TORE	

MITTARE HITTORY TO THE		DAM THE STATE
HTABO TO BY	CERTIFICA	
A Description		
1.0000000000000000000000000000000000000		
	THE WEST OF STREET	

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08292

8289	CERTIFICATE OF	DEATI

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Maryland Prince Georges
RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 7 hr. 25 min.	X Kent Village
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges Gen. Hospital	1714 73rd Place YES NO
3. NAME OF DECEASED (Type or print) Polyer DeceaseD (Type or print) Polyer DeceaseD	Last 4. DATE Month Day Year OF DEATH T. 7
Bauy Boy McDonou	gn July 12 1758
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	July 12, 1958 ost olimody) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) NONE	Md USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gersla T Mc Donough	Mary Teague
	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	Hospital records Cheverly Md.
	MOSPICAL TECOTOS ONEVEILY Fu.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A INTERVAL BETWEEN ONSE AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	alelestar 7 h-25 men
762.5 DUE TO -	
	1. 111-30
Conditions, if any, which gave rise to immediate (b)	My 120 315
cause (a), stating the under-	
lying cause lost. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P. m. 19 While Not while at work at work	(State) (County) (State) (County) (State) (County) (State)
21. I certify that I attended the deceased from 12 July 1	958 10 to 12 July 10 58 11 11 11
10 T7 10E0	
alive an 12 day 1500, 19 , and that death	h accurred at 2:50 PM, from the causes and on the date stated above
	ADDRESS (Street city or town state) DATE SIGNED
SIGNATURE () who lehole	M.D. Chercely and Cherry MA 3/14/58.
PHYSICIAN'S NAME (Type) Dr. John Kehoe M D	cheverly and
226. BURIAL, CREMATION 22b. DATE THEREOF REMOVAL (Specify) 7/15/58 Mt Olivet ((3.0.0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md.	DATE JUL 1 7 '58 Clesheau.
2074353XVO	

THE RESERVE OF STATE	\$1,500 KGIN	Letta the the Tiel	MANAGO STATE DEPARTM
		TE OF DEATH	CERTIFICAL CERTIFICAT
			Conevaria Daniel Daniel College
Live and the second of the sec			
		A DELL PROPERTY	
the state of the s			Old model and the second
	Tentions of the distribution		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8323 **CERTIFICATE OF DEATH** Reg. Dist No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Prince Georges M death. funerol b. CITY OR TOWN (II outside corporate limits, write e e c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) months and ploods Glenn Dale (miral Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Glenn Dale Hospital YES NO TO Capitol St. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Harry McDonough DEATH 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [/86 DIVORCED T Male White popers. YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. Retired New York USA Printing Pressman carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward McDonough Mary O'Conner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) 79-03-5050 Decedent 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmonary tuberculosis 13 months 002 X **DUE TO** Conditions, if any, which (6) gove rise to immediate DUE TO cause (a), stating the underlying couse last. Pulmonary emphysema; cor pulmonale: Chronic brain syndrome YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. n. While Not while p. m. at wark at work 21. I certify that I oftended the deceased from 1/10, 19_58, to_7/29......, 19_58, that I lost saw the deceased and that deoth occurred at 8:20P M, from the causes and on the date stated above. olive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Glenn Dale Hospital should PHYSICIAN'S Moe Weiss, M. D. Glenn Dale, Md. NAME (Type) moy b. 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Clovella 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE DATE AUG VS A15 (4)

HOSPITAL

FOR STATE HEALTH DEPT.

50

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief M. Al Examiner's Office along with farm, PM3. Page 5 may be reformed for your files.

TO FUNERAL DIRECTOR: Page 3 should listed as a burial-transit permit. File pages 1 and 2 with the leadth, as a burial, cremation, or removal, and in any executarity 72 hours after death. event within 72 hours after dea

16

2

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH COOL

08294

OJA4 Tte	ms 11.	13,14 Film 0	231 7/17/58	god		Reg. Dist. I	No.	
o. COUNTY Prince George		MARYLAN		Sylvania	b. COUNT		belore adm	ission)
b. CITY OR TOWN (If outside corporate timits, and give nearest town)	write RURAL	c. LENGTH OF STAY IN TH	c. CITY OR TO	WN (If outside co	rporate limits, write	RURAL and give	nearest to	wn)
Mitchellville		Transient	Oil C	ity	SECTION .	75 X	- 3	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in ho	spitol, give street oddress)	d. STREET ADDI		nd Street		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Richard	First	William Middle	McIntire	4. DATE OF DEATH	July	8 °	ay 1	58
5. SEX Male 6. COLOR OR RAC	VIDOWE	ED NEVER MARRIED M		1933	9. AGE (In years lost bushday) 25 yrs.	Months Days	-	Min.
10a. USUAL OCCUPATION (Give kind of wo during 36 1 dereine life, even if retire		. S. Army		(Stote or foreign	country)	12. CITIZEN		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		U.S	·A.	
unknown				unknown				
15. WAS DECEASED EVER IN U. S. ARMED [Yes, no, or unknown] [II] service		SOCIAL SECURITY NO. 17	State Poli	ce	Address			
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Q 23 X DUE 1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(o) (o)	Hemorrhage a Crushed skul				O	YERVAL BETW SET AND DE	ATIT
PART II, OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(a)		AUTOPSY DRMED? NO
20c. TIME OF INJURY Month, Doy, Hour Tonn.	Year 20d. Whill 19 58 at we	Not while for at work	automobile LACE OF INJURY (Homeocrory, street, office bldg Road	that rai	off roady or lown)	(County)		over (State) Md.
21. I certify that I taak char opinion death resulted fram: ACTUAL SIGNATURE ACTUAL			Suicide [, Undete	Inquiry E	ner 🔲	signed
	I. Boyd		DEPUTY MED	MEDICAL EXAMINER	J J	uly 8, 1	1958	
220 BURIAL CRIMATION. 226. DATE THE	F	22c. NAME OF CEMETERY	ity	16	Ca , lown,		(Stat	•)
27. FUNERAL DIRECTOR'S STOCKTURE ON C	. 65	alto -		TE JUL 1 4	158 246 REGI	stran's signat	1	

			MINE SYAMINES		
	n. ejas	Pennsylv Pennsylv		ograde)	sontzi
		an II	: Free makents:		i dinala la
	Fee ad Strong	d and world			
	1803	esisale			
		ties of state			ola
					tollida.
.4.61					
		State Folio			Molivison Int
		door be	to resultromek		
			Since because		
s bournd that	tion the part of	zić elidomove	in to draw o	100	
	Liville (company)			Eday vely	2,30
			M-3-		
13-8, 1958		or acceptance to		James I. Doga	

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY corporate limits, write RURAL and give nearest town) Month AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months yrs. 12. CITIZEN OF WHAT COUNTRY? M. J.A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) M, from the causes and on the date stated above. APORESS (Street, city or town, stote) RIVERDALE, MD 22d. LOCATION (City, town, or county)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08295

IS RESIDENCE

ON A FARM? YES NO TE

Year

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍

NO [

(Stote)

DATE SIGNED

(Stote)

1958

Day

Days

(County)

15M 9/55

	rentrant and a second	
July Ste Mening		
		1 11 10 11

HIGH STATE OF THE	OF SERVICE THE BEST AND THE TREE TO	ENTATE OF ATT OF	Angala 12 13-5	913
			The state of the s	
		and the least to		
	a description and the second second of the			
	내용하다 하면 내가 있다. 이 그렇게 하는 것이 되면 내용하는데 없다.			
	who be supported the control bearing to the first of the first of the first of			
The second of				
	by William T Les Span-			

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8325 CERTIFICATE OF DEATH

Reg.		.0	8	2	9	7
Reg.	Dist.	No.		-	0	0

	DEACE OF DEATH a. COUNTY DIANA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write C. TENGTH OF STAY IN 1b RUNAL and give nagrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
'	Paint Branch Navsing Hox	1530 Rhode Island YES NO
	R. NAME OF DECEASED (Type or print) LOTTE Middle	MILLER 1. DATE JUILY 16 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 1. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 1. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 1. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 2. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 2. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 3. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 4. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 5. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 5. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (In year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (IN Year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (IN Year of BUNDER 1 YEAR IF UNDER 24 HRS.) 6. AGE (IN Year of BUNDER 1 YEAR IF UNDER 24 HRS.)
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Washington. I.C. 4. S. A.
	3. FATHER'S NAME Christopher Heise	Hanie Harris
	5. WAS DECEASEDEVER IN V. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. [19. no. or unknown] (If year, give wor or dates of service)	LUVSING Home records
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (b) Output DUE TO DUE TO	e cardio level vasculas & loks
3	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	ACTUAL SIGNATURE LOSP. W. Harris	n occurred at 3 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 7-/6-58
	PHYSICIAN'S Lester W. Harris - 1011	1 Colesville Road, Silver Spring, Md.
	226. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 7/19/1958 Fort Lincol 3. EUNE ADDRESS	In Cemetery Prince Georges County, Md.
4	The Attines 62901-14th	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 260. DATE: 18 '58

MARTILLAND STATE DEPARTMENT OF HEALTH-BALTMORE, 18 6363 CERTIFICATE OF DEATH

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
The state of the s		CHAPTER STATE OF THE REAL PROPERTY.
The property of the property o		Section Committee of the Section Committee of
The second secon		
The second secon		
Licenson of December 2012 and the second of		
Licenson of December 2012 and the second of		
The state of the s		
The state of the s		
The property of the control of the c		CONTROL STATE OF THE PROPERTY
one un transmission de la company de la comp		
one un production of the first scane of the first scane of the first scane of the continue of the first scane of the first scan		The second secon
Towns of the second of the sec		
Market 15 of 11 to 12 to	HINGE SHILL SEE BUT WE SAN THE FAMILY OF THE STATE OF THE SECTION SHALLOW	K. HARRY TOTAL AND
Tourist Section 19. Tourist - 10121 Octobrise tour, Staver Built, 10.		
The second secon		
. The state of the	Octobration Action (Milware Santas) 180.	total - Market P. World - 10121
. The state of the		
	San Marriage Constraint and Secretary of Constraints	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 8254 Rea. Dist. No director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Erled M b. COUNTY mes MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld once allonice d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 arch Coul YES NO NAME OF Middle 4. DATE Month Year Day DECEASED OF DEATH (Type or print) 19 5 8 within 5. SEX 6. COLOR OR RĂCE 7. MARRIED NEVER MARRIED AGI (In years / IF UNDER I YEAR IF UNDER 24 HRS irthday) Months Days Hours Min. WIDOWED Y DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) aris 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician B certificate durs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. death 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** by permit. any Conditions, if any, which gned gove rise to immediate **DUE TO** couse (o), stoting the under--transit puo lying couse lost. PART II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, EQUIDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 SD YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) SO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Haur o. ft. While Not while of work of work p. m. 21. I certify that I attended the deceased from. 19 Sthat I last saw the deceased FUNERAL DIRECTOR: Afra oge 3 should be detached alive on and that death occurred at. M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR GREMATOR' 22d. LOCATION (Citys (State) pode REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

	PLANE AND AND AND		
		der de la	
		THE REPORT AND THE PARTY	
	VI 2-10 MR0587 22 1		A1024
A Private State of	AND THE STAFFARE		and the state of t

VS A15 (4) 15M 10/57 M

ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

8292 CERTIFICATE OF DEATH

(18299 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			O STATE	Where deceased lived. If institution b. COUNTY	on: Residence before admission)
Prin	ce Georges C	MARYLANI	Ma	ryland	Prince Georges
RURAL and give	(it outside corparate limits, nearest town)	WITE THE LENGTH OF STAY IN 1	c. CITY OR TOWN (I	If outside corporate limits, write R	URAL and give nearest town)
	everly,	5 Hours	× Colu	mar Manor	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Pri	nce Georges	General Hospital	31,02	39th Place	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Doy Yeor
(Type or print)	Lester	н	Mock	OF DEATH Ju	lv 8 19 58
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	IDOWED DIVORCED	4/8/02	lost birthday) 56 yrs.	Months Days Hours Min.
On USUAL OCCUPAT	ION (Give kind of work dor	e 10b. KIND OF BUSINESS OR IN		ote ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Mot	orking life, even if retired)	D.C. Transit	Virg	inia	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME	
	Unk.			Emily U	nk.
5. WAS DECEASED EV	ER IN U. S. ARMED FORCE		'. INFORMANT	Add	ress
(Yes. no. or unknown)	(If yes, give war or dates of service	cel	Lester H. Mod		e as No. 2
	FAMILE FE	-1 -			
	EATH WAS CAUSED BY:	per line for (a), (b), and (c).]	r 11.	0	ONSET AND DEATH
0.00	IMMEDIATE CAUSE (o)_	Mum 60	lee le c	cells in i	6
420.0	DUE TO	0	1	1)	0 11.00
Conditions, if		the linh.	lese to	rand 15 t	he tell lio. And
gove rise to couse (a), stoting	immediate (01.5	- 0		
lying couse tost		Commis	Selle	i his Tears	tu.
PART II. O'		TONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
PART II. O' 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF					PERFORMED?
20a. ACCIDENT W	VAS_UNDERLYING 20	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	in Port I or Port II of item 18.)	1.5 2 1.0
OR CONTRIBUTION	G CAUSE OF DEATH				
		20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	orm 206 (City or town)	(5
20c. TIME OF INJU		While Not while	factory, street, office bldg.,	etc.)	(County) (State)
p. m.	. IY	of work at work			
21. I certify t	that I attended the d	eceased from 1 for	, 19 54, to	8 JULY 1968	That I last saw the deceased
alive an	-JUL9	19 5 Y and that dec			and an the date stated above.
		11 8		ADDRESS (Street, city or town,	state) DATE SIGNED
ACTUAL	1 stan	Kolone	Che	everly Md	7/8/58
SIGNATURE	y not		M.U		
PHYSICIAN'S NAME (Type)	John K	enoe		Cheverly l	Md.
220. BURIAL, CREMATI	ON. 226. DATE THEREOF	22c. NAME OF CEMETERY	OR COO CEO O CROY	201 LOCATION (Ch.	
BREMQVAIT(Specify		Cedar Hill		Suitland Md.	
	11/11/11		- A A -		
3. FUNERAL DIRECTO	K'S SIGNATURE	ADDRESS 473	9 13 culto 240 RE		STRAR'S SIGNATURE
Tranc	is Proch	a Come arme	Heratta Norte	RH 1 4 '58 W	the election

	SUPPLIES AND AREST OF THE		
	HTROEPO STA		
		andrea or on strengt Party 1881 armell 2	
	put a femoral of		
A STATE OF THE STA			
2 6 4	N 400 200	Filmonia Die	gardon in
.alati 😜	A CONTRACTOR		e de la companya della companya dell
3 .55 % 50%	All Mark in test of		

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
(20)	8326 CERTIFICATE OF DEATH	Reg. Dist. No.300
1111	1. PLACE OF DEATH O. COUNTY D. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institute of the county of the cou	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write	
00	d. NAME OF HOSPITAL (If hot in hospital, give street oddress) OR INSTITUTION Republic 2 - Repu	e. IS RESIDENCE ON A FARM?
	3. NAME OF Lost 4. DATE MC OF	Onth Day Year
	(Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) 10st birthday)	S IVUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or foreign country)	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN-NAME	7.5.A.
	Jeandon West Unformant Conference Add Lindows Add Lind	Idress A
	[Yes, no, or unknown] [If yes, give wor or dates of service] John L. NAIR Ross	Brandepirine M.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Ollumoler L. Cardis Vocale Republ	risine you
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c) Caging Rosses	0
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. 11. P. m. 19 While Not while of work of work of work of work	(County) (State)
		E,that I last saw the deceased
	ADDRESS (Street, city or fown	
- 1	PHYSICIAN'S DATE TO THE DATE OF THE PHYSICIAN'S	7-/3-50
1/	NAME (Type) RICKAVO 11. De 1050 120. NAME OF CEMETERY OF CREMATORY 22d. UCATION (City town). BERNOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. UCATION (City town).	
0	23. FYNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	SISTRAR'S SIGNATURE
18	Demmors Bro. WASh. DATE JUL 15'58	Whenil

	EG TO STADRITISED RESERVORDE OF DE
	Company of the second of the s
CONTRACTOR OF THE PROPERTY OF	
	restor or the control and the control and test and the control

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8248 Reg. Dist. No I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince George's b. COUNTY MARYLAND Mary Land. Bringe George's the funeral shauld be fi death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town)
Hyattsville 2 Years Myattsville, Maryland, Washington 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Calvert St. . Sacred Heart Home YES NOW NAME OF First Middle 4. DATE Lost Day Yeor DECEASED CLARA ORTMAN B. (Type or print) DEATH July 4th. 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years ast birthday) Months Hours Female White WIDOWE Oct. 24- 1873 DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hotel Worker USA Washington, D.C. carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Zachary T. Boteler Hester Tanner smove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 7109 - CabotinStreet No Mrs Helen Moore Washington 28, D.C. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 465 **DUE TO** Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? So YES NO a. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased fram, , 19 Sk, that I last saw the deceased and that death accurred at 10. 13/1M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S EEB BACCHUS NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Mt. Olivet Cemetery Washington, D.C. 0 1661- Good Hope Road S.E. 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Washingt on , DATE

15M 9/55

	HTAIN 30 37	WALLEY OF THE	100		
torgoet genze	Aun Lyrad	B'ATTEN		10 3000 00	
	£ 2		2		žvožžnoji
One part of the pa	company - Every			extel Jine	
		270		ASIALID	
	1787 200		ATS ON		614263
ADD C.	Carminant .	recitor	otel		horizer
	Heater Lanner			selecol .2	
	IV aroot noise	2.17			
	15.50				
					AL ADD BY OF
	A SALE OF SALES				
and the state of t				t laboration	
				1981	
		0 587310 .			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8293 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY MARYLAND Prince Georges Marvland Prince Georges b. CITY OR TOWN (If autside carporate limits, write the funeral should be c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly. d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OHvattsville. Days d. STREET ADDRESS Cooper Lane Prince Georges General 1,700 NAME OF First Middle 4. DATE lost Month DECEASED OF DEATH (Type or print) July Jessie executed within completely f 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED WIDOWED Female yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? aduling most of working life, even if retired) ond 13. EATHER'S NAME 14 MOTHER S MAIDEN NAME of to physicic 9 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT SOCIAL 9 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 330 X DUE TO Conditions, if ony, which ony 8 gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. physici CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20f. (City or town) factory, street, office bldg., etc.) Haur a.m. While Not while at wark of wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased 2, and that death accurred at 922 OPM, fram the causes and on the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior P shoul PHYSICIAN'S NAME (Type) onev FUNERA 220. BURIAL, CREMATION. 226. DATE THEREOF 224, NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) he re REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

15M 10/57

e. IS RESIDENCE ON A FARM?

NO

19 58

Min.

Yeor

YES T

Hours

INTERVAL BETWEEN ONSELAND DEATH

PERFORMED?

NO [

(Stote)

DATE SIGNED

(Stote)

YES

(County)

Days

SHEARING STADERY SECTION AND SHEET

CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest fown) pluods University Park. d. NAME OF HOSPITAK(If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 90 OR INSTITUTION ON A FARM? 4316 Sheridan St YES NO T NAME OF First Middle 4. DATE Lost Day Year DECEASED OF DEATH (Type or print) 19-1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 78 yrs Months Dovs Hours Jan 5, 1880 WIDOWED IN DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvania S Federal Employee carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Eleanor Bixler John D. Baker move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs Audrey Potter Shippen University Park Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 집 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by Conditions, if any, which permit. gave rise to immediate DUE TO cause (a), stating the underlying cause last. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? 50 YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) os 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) Hour a. fl. foctory, street, office bldg., etc.) While Not while at work p. m. at work 21. I certify that I attended the deceased from 195 that I last saw the deceased and that death occurred atax M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL pe shauld FUNERAL I PHYSICIAN'S Thas NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 7/5/58 Newport Pennsylvania 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b, REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) F. Gasch's Sons Hyattsville, Md. reduch

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	HIASO NO ST	A-MILITARY		
		dearras .		100000
	Child Harde			
	parties comment	And the control of the		
			madel .	
in its to be review the the	pleasant proper			
			Of the plant of th	
				Total Charter of the
			TOTAL STATE OF THE	TO THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

erit de 3 april		
	Section 1	
		A THE NAME OF THE
Property and the party of the p		47.010
	BALL STATE	angen. As a
		Carlos Specificações S
and the second second		Chemita Luis dina E.C.
		THE BENEFIT
	MARK.	Manager and Aller

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certifical has been signed by the attending physician and completely filled ipage 3 shauld be detached far use as the field-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hydrs after death.

8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

\ (18305 Reg. Dist. No.

			832	g CERTII	FIC/	ATE	OF DEATH	1		Reg. Di	ist. No		
	PLACE OF DEATH a. COUNTY	0		MARY	AND	2. U	SUAL RESIDENCE (WH	ere decease	d lived. If instituti b. COUNTY	on: Resider	nce befo	ere admiss	sion)
H		nce George foutside corporate lim		c. LENGTH OF STAY I			CITY OR TOWN US	utida assa		110AL	-		- \
	RURAL and give no	earest lawn)	,	1 7 m 8	moe		. CITY OR TOWN (If a	iviside carpo	profe limits, write K	UKAL and	Give ue	arest towl	n)
-	Glenn Dale	AL (If not in hospital,	nive street	& 14 days	-	-	d. STREET ADDRESS	ringto	n	1-1-X-		45 056	ADENICE.
	OR INSTITUTION	Lenn Dale H						48th	Place, N.	E.			FARM?
3.	NAME OF DECEASED		rst	Middle			Lost	4. DATE OF	Mor	ith	De	,	Year
Ŀ	(Type or print)	Abe		-			Rand, Jr.	DEATH		T		-	19 58
3.	SEX	6. COLOR OR RACE		IED NEVER MARRIE	- 63		TE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Hours	ER 24 HRS.
	Male	Negro	WIDOWI			- 1	/6/26		32 yrs.		-	-	-
100	during most of work X-ray tech	ing life, even if refired)	KIND OF BUSINESS OF			11. BIRTHPLACE (State	or foreign c	country)		tizen o USA	OF WHAT	COUNTRY
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN N	IAME				-	
	William	Rand					Fannie Che	eatham					
1S.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFOR	MANT		Add	ress			
	No	-	1	186-26-5536		I	Decedent		-				
			ouse per li	ne for (o), (b), and (c).]				- 2 -			INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE ()	Pulmonary	tube	erci	losis				ON	TO V	TS
	0080	DUE TO		4-2/31 QLTV	3,50					17.15			
	Conditions, if a		.1										
	gave rise to in cause (a), stating	mmediate (A LA HALL						
	lying couse last.	ine under-	.)(:					2.46					
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o)	9. WAS	AUTOPSY
Ε¥	Left	thoracopla	stv r	erformed in	1 79	717	cor milmo	nale					NO NO
CERTIFICATION	20g. ACCIDENT WA	S LINDERLYING T	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Ent	ter nature of injury in I	art I or Por	t II of item 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
3	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED	20e. PL/	ACE O	F INJURY (Home, form	, 20f. (City	or town)	(County)		(Stote)
MEDICAL	Hour a. j., p. m.	19	While at wor	Not while	foc	ctory,	street, office bldg., etc.)					
		at Lattended the	deceas	ed fram. 11/	9		, 19 <u>56</u> , to	7/	23 10 58	that I	lott s	nu tha	dacaara
	alive an	7/221	19/				vrred at 6:15						
		7111	7	TM.	dediii	acci			treet, city or lown,		ne aa		ad abave
	ACTUAL SIGNATURE	VCC	V	VCIM					Hospital	,		7/	22/48
				VOUV		M.D.	<u>Y-L-</u>		mospriar.				C77.20_
	PHYSICIAN'S NAME (Type)	. Moe	Weiss	, M. D.			Glenn	Dale.	Md.				
220	BURIAL CREMATIO	N. 226. DATE THERE)F	22c. NAME OF CEME	TERY O	R CRE			TION (City, town,	or county)		(Stot	e)
	MEMOVAL (Specify)	7-33	-5-8	Wanda	d /7/3	Y-14-1	1 Md		san Citar		1	0	
23.	FUNERAL DIRECTOR	S SIGNATURE SA	F. Ola	2.5 ADDRESS	777		24a. REC'I		RAR , 24b. REGIS	the second second second	GNATU	RE /	
	maly	In & D	che	2424	R	1	T NUBATE 7	123/3	200	Wit.	eou	W/K	

	NEADO TO STADISTRAD OFFICE OF DEATH
TO THE RESIDENCE OF THE PARTY O	
	may so that of the name of the last of the
	And the second of the Contract of the second
	The state of the s

M

	824	9	CERTIF	FICA	TE OF DEATH	1		Reg. Dist.	\$30	5
1. PLACE OF DEATH o. COUNTY	rince Geo	rges	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		d lived. If institution b. COUNTY	on: Residence	before adm Geor	ission)
b. CITY OR TOWN (IF RURAL ond give neg Hyattsvi	outside corporate limi prest town) 11e Md	ts, write	40 years		c. CITY OR TOWN (If o		orote limits, write RI	JRAL and give	e nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION 5104 41th	AL (If not in hospital, g	give street o	address)		d. STREET ADDRESS 5104		avenue		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir	-	Middle rnard Rees	ide	lost Jr	4. DATE OF DEATH	J 1		Day	Yeor 19 58
5. SEX male	6. COLOR OR RACE white	7. MARRI WIDOWE	NEVER MARRIED		June 24, 188	39	9. AGE (In years last birthday) 69 yrs.	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.
100. USUAL OCCUPATIO		done 10h		RINDUS	TRY 11. BIRTHPLACE (Stole Mary	or foreign o			N OF WHA	T COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME		1		
	John B Re				Florence	Featl	hers			
15. WAS DECEASED EVER (Yes. no. or unknown) (I	IN U. S. ARMED FOR f yes, give wor or dates of s	ervice)	one	100	formant delaide C Re	ogida	Addr e Hyatts		Ма	
Conditions, if on gave rise to im couse (o), stating the lying cause lost.	he <u>under-</u> DUE TO		ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMIN	LENY NAL DISEAS	2 Ordi	nes	o) 19. WAS	laup
PART II. OTH	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of injury in P	ort I or Por	t II of item 18.)] NO 🔁
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While	IJURY OCCURRED Not while at work	20e. PLA fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City	or town)	(Cou	nty)	(State)
21. I certify the alive on ACTUAL SIGNATURE	at I attended the	decease 195	-0	death	occurred at 1:05 F		n the causes a treet, city or town,	nd on the	date sta	deceased ted abave.
PHYSICIAN'S NAME (Type)	Herbe	rti	Baubrs/	Felc	·		()		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	July 7,	1958	Arlingt		CMMMMY National		TION (City, town, or ington V:			ote)
23. FUNERAL DIRECTOR'S		7000	ADDRESS		24g, REC'D			TRAR'S SIGN		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CONTROL OF THE PROPERTY OF THE				
	MTABE OF BEATM		33 7	
	evanue roman la			
			41 serves	
	grad for the spinion data to the			
	The state of the s			
	and the second continues are a second continues and the second continues are a second conti			
The state of the s				
The state of the s	A Charles of London Line Languages			
		. Mar and	amin's state	44 . 4

FOR STATE HEALTH DEPT.

ta the funeral director. Please to the funeral director. Page by be read for your files. In the Side Board of Health, after death.

do	-	7	-011	
Sales .	ന	č	3	E
4	TO	-	-	8
皇	=	S	64	-
8	O	9	9	S
O	N	0	Ö	~
2	-	0	_	.5/
7	-		-	-5
O	5	3	60	18
20	0	2	03	7
2	0	-	Ö.	6
2	41	E	60	*
_	>	ö	700	(0)
Ň	0	-	-	7
C		岩		ö
Ē	eci.	Ē	-=	•
Ë	-	-	=	-
3	50	E	0	D
D	40	0	Q.	ö
목	=	0	GP41	
8	•		60	0
93	-	2	0	2
õ	15	Sales Sales	=	E
ø	5	O	0	0
Ω	a.	69	-=	la .
O		61	-0	0
5	.=	6	-	9
9	1_	Ê	0	2
wh	6	0	8	
0	100	DC AAA	T	0
0	č	-	e e	E
~	0	F	20	0
+	200		40	Ü
0	-		3	-
U	2	3	70	0
13	5		5	5
£	>	0	δ	à
9.0	0	ž	5	0
×	op-	U	m	-
7	0	0	40	5
=	=	5	6	-=
ξ	-	0	0	0
⋖	3	9	Edin	
×	-	P	04	5
	4"	5	0	0
7	8	-		Ö
ũ	140	ž.	E	TO
=	-	5	000	Ü
L	40	2	0	Ö
Σ	an a	0	5	E
	2	0	4	- 50
-	-	D	00	0
)	0	5	4	0
IA2	2	0	=	6/1 No.1
0	0	-	=	
0	6	4	0	ō
2			7	
			-	
15	execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is	15	ME	ar its designated agent, prior to borial, cremation, or remaval, and in any event within 72 hours of
45	M S	2/5	7	
-				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18 8295

		AT OF HEALTH		
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	(1830%) Reg. Dist. No.

			the state of the s	
1. PLACE OF DEATH o. COUNTY Prince George	S MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland		ytion: Residence before admission) Y Pr. Geo.
b. CITY OR TOWN (If autside corporate limits, write I and give nearest fown) Cheverly	c. LENGTH OF STAY IN 16 D.O.A.	c. CITY OR TOWN (If outside 25 East Riv		RURAL and give nearest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (IF Prince Georges Gene		d. STREET ADDRESS 5707 64th	Płace	IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print) William First	Curtis Reising	er Lost 4. DAT OF DEA	77	29 Doy Yeor 58
37-7-	7- MARRIED NEVER MARRIED B	1-25-52	9. AGE (In years lost birthday) 9. Yrs.	HFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) None	None 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Curtis Re	eisinger, Sr.	14. MOTHER'S MAIDEN NAME Dorothy	Mary Ryan	
15. WAS DECEASED EVER IN U. 5. ARMED FORC	(vice)	m. C. Reisinger;	same addr	ess as # 2.
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Drowning ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	ease condition giv	PERFORMED?
PART II, OTHER SIGNIFICANT CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY Deor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 10.3000 7-29-58 19	While Not while facto	CE OF INJURY (Home, form, 20f, bry, street, office bldg., etc.)	(Cily or lown)	YES NO
21. I certify that I taak charge apinian death resulted fram: N	of the remains described aba	ve, held an Autapsy	ide, Undete	Inquiry A, and in my
EXAMINER: John T. Mal		ASSISTANT MEDICAL EXAMIN		y 29, 1958
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL B-1-58 23. FUNERAL DIRECTOR'S SIGNATURE FRANCIS J. COLLING	ARLINGTON NA Selling ADDRESS WASH.	TIONAL A D.C. 24a. REC'D BY REC	RLINGTON GISTRAR 24b. REGISTS	or county) (State) VA STRAR'S SIGNATURE

MARYLAND STATE DEFAUMENT OF HEALTH OF DEATH ANTHOCAL EXAMINERS CERTIFICATE OF DEATH

Dep.		mi raci		anytool as it	
		LT Jouli	* • •	T. sar	turio II
	soni I	ED TOR	Dad Lyanii	Carenel de comb	soni ri
2	92 " cfall and		inform atte		
			Depois Ins		210
o y a		Marghan	MoX		arolf
	mays great	referret.	net, dr.	ini Gurtis Reini	1111
			al egigek pakawan		
			antinor		
- B	P. Pivurdele I	150 12 (150 12) 150 12)	Trouting	T107A	
	ne C. prometer	150 12 (150 12) 150 12)	Trouting Trouting Trouting	T107A	10, 100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF Middle 4. DATE Lost DECEASED (Type or print) DEATH 7. MARRIED NEVER MARRIED 6. COLOR OR RACE 9. AGE (In years lost, birthdoy) **IEUNDER 1 YEAR IF UNDER 24 HRS** 8. DATE OF BIRTH Months WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO PNSUFFICIENCE Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBENHOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED o. m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from

ADDRESS

e. IS RESIDENCE

Hours

Days

ON A FARM? YES NO

Min

CONDITION GIVEN IN PART 1(0) 19. WAS AU OPSY YES NO Z (County) (Stote) 58that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d (QCATION (City, town, or county) (Stote) 24a. REC'D BY REGISTRAR 206 REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

3 should

alive an

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

220. BURIAL, CREMATION, 226. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURI

	REASO TO IT		
	LOS DE LA LACE DE		a broth and
	Parala Appli		
FIRE FLATE	The second		
			311
		English of the Anglish of the Anglis	
	and the second second	The second second second	
Links Wash Links	32 45 million 32 45 million		

remayal

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0.0200

	825	n CERTIFIC	ATE OF DEATH	1	Reg. Dist. No	0.
1. PLACE OF DEATH o. COUNTY	Prince George's	S MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution in the b. COUNT	otion: Residence bef	ore admission) Georges
RURAL ond give	N (If outside corporate limits, write e nearest town) ttsville Md		1 1 1000	outside corporate limits, write		earest fown)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street) Oliver Street		d. STREET ADDRESS 4104	Oliver Stree	t	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	First Bertha	Middle	lost Riehl	OF	onth D	Day Yeor
5. SEX female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb 24, 187	9. AGE (In year	Months Doys	R IF UNDER 24 HRS. Hours Min.
during most of v	ATION (Give kind of work done 10 working life, even if retired) ousewife	own Home	USTRY 11. BIRTHPLACE (Slote German		U S A	OF WHAT COUNTRY
13. FATHER'S NAME	Herman Fietze		14. MOTHER'S MAIDEN N			
1S. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)		Philip Riehl		dress Marylar	id.
9ART 1. 0 443×	f ony, which be immediate ing the under-	Ine for (o), (b), and (c).] YPERTENS/		PISEAS	AOI ON	TERVAL BETWEEN USET AND DEATH FOR YEARS
RIGHT 20a. ACCIDENT OR CONTRIBUTION	NG LI CAUSE OF DEATH I		55, DUE TO CO	erebral hem		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJ	m. 10 Whil		LACE OF INJURY (Home, form octory, street, office bldg., etc	.)	(County	4 4 4 7 7
21. I certify alive an U ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JE Bow	seed from CCTi 56, and that death was 4N, M.D.	m.D. 4021-18	M, from the causes ADDRESS (Street, city or town Charles) Charles	and an the do	aw the deceased the stated above PATE SIGNED 7/27/58
220. BURIAL, CREMAI REMOVAL (Speci BURIAL	7/30/58	Fort Lincol		22d. LOCATION (City, town, Colman Mano		(Stote)
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	240 PEC"	D BY REGISTRAR 245 BEG	ISTRAP'S SIGNAPI	198

VS A1S (4) 1SM 10/S7

ADDRESS Hyattsville Maryland.

F. Gasch's Sons

24a. REC'D BY REGISTRAR JUL 3 0 '58 24b. REGISTRAP'S SIGNATURE

		CERTIFIC	
45000 10			1912a L 4
	1 87812 , 12 10 21		
	1951 19mg 1.50		
. The state of the state of the	4. 1. de		
	VECTOR LE		
	er concom		
e manerul i self En SX Outgan se sa menerul pe			
Charles on a party of the party	Mark Inc. (Mark 1997)		

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. It Examiner's Office along with form PM3. Page 5 may be recorded for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages, I and 2 with the second of Health, or its designated agent, prior to buriof, cremation, or removal, and in any event within 72 figure after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18

111/	TRIED STATE DELARIMENT OF TEACHT — DALIMORE,	11 11 11 11 11
8296	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08310
0230		Reg. Dist. No.

0000	Reg. Dist. No.				
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.				
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give negret lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Cheverly 10 days	X Landover				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
Prince Georges General Hospital	"Rose Mont"				
3. NAME OF DECEASED (Type or print) Alice Jay Ro	berts DATE Month Doy Yeor OF DEATH July 21 1958				
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS				
Female white DIVORCED	3-19-73 lost birthday) Months Days Hours Min.				
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTIGUTING most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Farmer (Tobacco) Farming (Own) Landover, Maryland U.S.A.				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William Williams Roberts	Elesa Weems				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no, or unknown] (If yes, give wor or dates of service)	RFORMANT Address				
	ema R. Prentice; same address				
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN				
PART I, DEATH WAS CAUSED BY: Concest 1 Te	heart failure				
917.0	, mear o railare				
DUE TO	40 3				
Conditions, if ony, which gave rise to immediate cause	eumonia 48 hours				
(a), stating the underlying DUE TO					
	rd degree burns of body 10 days				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
491	YES NO M				
200 EXTERNAL CALISE WAS 200 DESCRIBE HOW INTERPRO OCCUPATED IE.	nter nature of injury in Part I or Part It of item 18.)				
PRIMARY Der CONTRIBUTING DE Slipped on stai					
	Lrs while carrying a kettle of hot wate CE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
O Hour XX 7 7 7 CO While Not while	ory, street, office bldg., etc.)				
	iome Landover Pr. Geo. Md.				
21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection I Inquiry , and in my				
opinion death resulted from: Natural causes . Accident	Suicide , Hamicide , Undetermined manner				
A 1 - 1 1					
SIGNATURE SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER				
SIGNATURE STATES	ASSISTANT MEDICAL EXAMINER				
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER X July 21, 1958				
	CREMATORY (City, town, or county) (Stote)				
	Episcopal Leland, Pr.Geo's-Md.				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Upper	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE				
Ritchie Bros.Funeral Home-Marlbor	O, Md. DATE MU 2 8 158 all Audich				

Mining Sports of the St. St. Set the sale of the first of the sale of t The transfer of the state of th NEW TOWNS OF THE LOCKED AS TO SERVICE A SERVICE OF THE SERVICE OF BUILD THE RESIDENCE OF THE PROPERTY OF THE PRO

FOR STATE HEALTH DEPT.

or its designated agent, prior to bariol, cremation, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08311

		Keg. Dist. No.
	1. PLACE OF DEATH O. COUNTY PRINCE CLE DA GLE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (It outside corporate limits, write LURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If white carporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM? ON A FARM? NO DE
	3. NAME OF DECEASED (Type or print) Part Russell	Roberts DEATH JULY 26 1958
	wall whit WIDOWED DIVORCED D	
	10a. USUAL OCCUPATION (Give kind of work done dustomost of working life, even if retired) Percel	11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHERSNAME Roberts	14. MOTHER'S MAION NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, eight was or don't pl revice) 78-18-79326	FORMANT POR Robert Same & 7
2	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Er	or related to the terminal disease condition given in Part 1(0) 19, WAS AUTOPSY PERFORMED? YES NO I
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC	CE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
	p. m. 19 at work at wark 21. 1 certify that) toak charge of the remains described above apinian death resulted from: Noturo) couses Accident	, Suicide , Homicide , Undetermined manner
2	Durial 7-30-58 alington	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY DEP
	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chapin	240. REC'S BY REGISTRAR 240. REC'S BY REC'S BY REGISTRAR 240. REC'S BY REC'S BY REGISTRAR 240. REC'S BY REGISTRAR 240

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the ward Spending" in pencil in them, 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Mental Examiner's Office along with form PM3. Page 5 may be received for your files. VS. A15ME 5M 2/57

ACT CLAME STATE OFFICE (MINE OF STATE STATE STATE OF STAT OF TO LIMEBICAL EXAMINER'S GERTIFICATE OF DISTH ^ C. T. (100) To (10) 100 March 100 (100) (100) (100) (100) THE WALL PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

Un Known

PERFORMED? YES NO 19

(Stote)

DATE SIGNED

(State)

Day

ON A FARM?

YES T NO T

Yeor

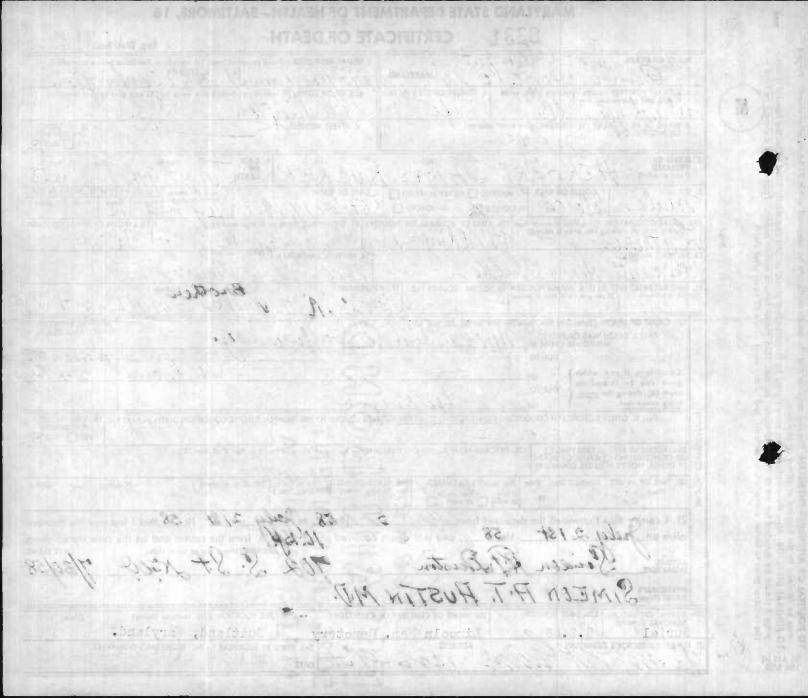
195

24 hours after death. 1SM 10/57

1 81 380 ATU		A HOEFATS GRAIT	
	HICATE OF DEATH	1780 CERT	
	The state of the s		
	no jeni		
0.015			
Water Stelly DESTANDARD	Batana E d		
		Album albuman	
		10 10 10 10 15 ,	di applii Not

CERTIFICATE OF DEATH Reg. Dist No.313 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autside corporate limits, write 0 C. LENGTH OF STAY IN 16 E. CIPLOR TOWN (If autside corporate limits, write RURAL and give neafest town) RURAL and afve nearest town d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 5 NAME OF Firs Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 192 B. DATE OF BIRTH 9. AGE (In years last bighday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Hours WIDOWED DIVORCED | popers Od. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY deoth 13. FATHER'S NAME MOTHER'S MAIDEN NAME COL 15. WAS DECEASED EVER IN U. S. ARVED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give world dates of service) 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO pe couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES | NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) a. n. While Not while at work ot work p. m. SF. 1956, that I last saw the deceased 21. I certify that I attended the deceased from that death accurred at M, from the causes and on the date stated above. 7/ KDORESDIStreet, gity or ACTUAL FUNERAL PHYSICIAN'S 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page (State) REMOVAL (Specify) Suitland, Maryland. Mem. Cemetery incoln 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRARIS SIGNATURE DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



with director filed uneral P within ! on papers. death. offe 8

DIREC shoul

FUNERAL

0

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08314

8298 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 560R663 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURAL and give nearest town) TREENBEL EENBEZT. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? KAKE SIDE YES NO NAME OF Middle 4. DATE Last Year DECEASED OF DEATH (Type or print) AEL 19 50 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FOR MATION HETALI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -105EPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? GREEN BO 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line fer (o), (b), and (c),} INTERVAL BETWEEN ONSETIAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cara DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. 11 While Not while of work ot work p. m. 21. I certify that Lattended the deceased from. 19 Lethat I last saw the deceased 7 2A Mistrom the causes and on the date stated above. and that death occurred at. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAN'S SIGNATURE 24a. REC'D BY REGISTRAR DATE

	A Parker	
		Carlo Carlo
		Volume Comments
	The state of	
		Samuel Anni Antonio (1911) Primario anti-
The second secon		Translate Laborate Hand in

ST JOON TIME LOT A THE OF THE WILL STATE ON THE BYALO DE MASHIMAS CREDITATE A MARKET SHEET for Lawrence program and the contract of the c TO CROSS AND EAST AND A COMMENT

M

requires that the deoth certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

may be retained by the haspital or ottence TO FUNERAL DIRECTOR: After this certifical page 3 shauld be detached for use as the

physicion. as been signed by the attending physician ond campletely filled id-transit permit. Then please remave carbon papers. Pages naval. and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08316

		830	0	CEI	RTIFIC	ATE OF	DEATH			R	eg. Dist.		210
1. PLACE OF DEATH o. COUNTY	5 T.CO				MARYLAND	2. USUAL RE o. STATE	SIDENCE (Who	ere decease	b. CC	nstitution: OUNTY CINCE			nission) q
	erlyowld	-1-5		c. LENGTH OF			PIOWN (IF o	utside carpa					own)
d. NAME OF HOSE OR INSTITUTION	ce Georg	e s G	street o	al		d. STREET	Ladens	burg		ld.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Schmidt		у Во	ру	liddle	L	ast	4. DATE OF DEATH	July	3 ^{Month}		Day	Yeor 58
5. SEX Male	Whit	e w	DOWE		ORCED 🗌	B. DATE OF BIR	1958		9. AGE (In last birth	years IF (UNDER 1 Y	-	DER 24 HRS.
10a. USUAL OCCUPAT during most of w	TION (Give kind of orking life, even it	of work dans f retired)	10b. 1	CIND OF BUSINE	ESS OR INDU		PLACE (Stote of		ountry)			S.A.	AT COUNTR
13. FATHER'S NAME Fredric	k J.	Sch	mid	lt			icia H						
15. WAS DECEASED ET (Yes, no, or unknown)	VER IN U. S. ARM			OCIAL SECURIT	Y NO. 17.		ospita	l rec	ords	Address	verl	y Md.	
PART I. D PART I. D Conditions, if gave rise to couse (a), statin	any, which	ED BY:	per line	e far (a), (b), and	d (c).]	Mother Stell	en	lu	wh	<u> </u>			BETWEEN ND DEATH
ZOLY PART II. O	THER SIGNIFICAN										IN PART 1(PER	S AUTOPSY FORMED?
	FY MEDICAL EXAM	DEATH AINER)	o. DESC	KIRE HOW INJU	RY OCCURRE	D. (Enter nature	af injury in P	ari I ar Par	t at item	8.)			
20c. TIME OF INJU	١.	10	20d. IN While of work	JURY OCCURRED Nat white at wark	20e. Pt	ACE OF INJURY ctary, street, affi	(Home, farm, ice bldg., etc.)	20f. (City	or tawn)		(Cou	nty)	(State)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended 2 July How W.	1958 Tec	le Li	, and (2 July	, 19.58 n accurred a	11:35	M, fron	n the cou	ses and	an the	t saw the	ne decease ated abov DATE SIGNI
220. BURIAL, CREMATI REMOVAL (Specif Burial	10N, 22b. DATE 7/5/5			22c. NAME OF		Ceme te			ION (City. I			(S	tate)
23. FUNERAL DIRECTO				ADDRESS			240. REC'D	BY REGIST	RAR 24b.	REGISTRA		ATURE	
F. Gage	ch's Sor	a Hv	atte	ville i	Md.		DATE	JUL 7	'58	1802	1 00.		

DATE

VS A15 (4) 15M 10/57 F. Gasch's Sons Hyattsville Md. 2077191XV3

	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
			day to the second
• • •	A STANFORD IN		
	sea half control as		· · · · · · · · · · · · · · · · · · ·
Till glasveri od			
100			
	Since State		
	or annual California annual con-		
		Out Made No. 11.	
			13/5

executed within 24 hours after death. Page

(H)	1. PLACE OF DEATH COUNTY Prince George's Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Pr. Geo's Co.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland LeMonth	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Accokeek**
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Box 200 Marsing Home	d. STREET ADDRESS Box. 259 Accokeek e. IS RESIDENCE ON A FARM? YES \(\) NO
	3. NAME OF DECEASED (Type or print) E H F ROS / NA	SERBU 4. DATE Month Day Year OF DEATH July 31 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH May 10th. 1890 9. AGE (In years WUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Domestic	11. BIRTHPLACE (State or foreign country) Romunia 12. CITIZEN OF WHAT COUNTRY USA
a differ	Vaslie Bacla	14. MOTHER'S MAIDEN NAME Mary ?
72 hou	(Yes, no. or unknown) 1 Iff yes, give war or dates of service)	cholas Serbu Same as # 2.
râmaval, and in any event within 72 haurs, affer dêath.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CUTE ON GE DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. DUE TO (c)	tec Heart Disease
moval,	CAN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ő		D. (Enter nature of injury in Part I or Part II of item 18.)
emotion		ACE OF INJURY (Home, farm, clary, streef, office bldg., etc.) (City or lown) (County) (State)
the registrar prior to buriol, cremation,	21. I certify that I attended the deceased from 2 2 alive an 1:12 30, 12 58, and that death signature auntile D Swampfild, PHYSICIAN'S Lawrence D. Summerfield	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNET M.D. 1400- Branch Ave., S.E. Wash., DC 7/31/58
he regit	220. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY COREMOVAL (Specify) Aug. 1st 58 Cedar Hill	Cemetery 22d. LOCATION (City, town, or county) (Stote)
6,	23 JUNERAL DIRECTOR'S SIGNATURE 1661- GOOD Hope R Washington 20, D.C.	de S.E. 240. REC'D BY REGISTRAR 246. REGISTAR'S SIGNATURE

magan Januares D. Sementiti I. S. Sementiti I.	and and and		STATE OF STREET	
Accordance of the control of the con	· o lor · o · o	Brid Syries		
Total a selection of the contract of the contr				hould be the same
Total Control of the		Post 150 Acros	empli garingali basi	Line apartment of the second
AND STATE OF THE S				通知 图 图 图 图 图 图
AND REPORT OF THE PROPERTY OF		Reg Lotter Lago		edition of the later
		Rosenta	blies of	
Light part of the part of th		t grad		Plant of Lany
	.S 9 to	hours Jarks Heiss		
				Control of the contro
The second of th				
The second payers of the second of the second payers of the second payer				
			State Sensing Laborat	
The light to the state of the s				

VS A15 (4) 15M 10/57 N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08318

	8301	9201110	AIL OI DEAII		Reg. Dist	t. No.
1. PLACE OF DEATH o. COUNTY	rince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla)	b. (COUNTY	e before admission) Georges
b. CITY OR TOWN (RURAL ond give n	(If autside corporate limits, write nearest town)		c, CITY OR TOWN (If o	utside carparate limits		
	TAL (If not in haspitol, give stree		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince G	eorges General	Hospital	Box 390			YES NO X
3. NAME OF DECEASED (Type or print)	First Elizabeth	Middle A.	Sheaks	4. DATE OF DEATH	Month July 2	Day Yeor 2 19 58
i. SEX		RRIED NEVER MARRIED	8. DATE OF SIRTHFeb.	7 5 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS
Female		WED DIVORCED		80 78	rthday) Months (Doys Hours Min.
during mast or wor	ON (Give kind of work done 10th rking life, even if retired) Housewife	o. KIND OF BUSINESS OR INDI	Pennsy	Lyania		ZEN OF WHAT COUNTR
3. FATHER'S NAME	HOUSEWILL	O WIT TIOMS	14. MOTHER'S MAIDEN N			J • • 446 •
Jacob H	Reinoehl		Carry Mi	ller		
	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT B	80x 390	Address	
No	(If yes, give war or dates of service)		Sadie Shoop	Bex 500	Clinton, Mo	d.
18. CAUSE OF DE	ATH [Enter only one couse per	line for (o), (b), and (c).]				INTERVAL BETWEEN
	ATH WAS CAUSED BY:	tastatic Carcin	ome to Tunge	and Mediac	+ i num	6 months
170X	DUE TO	Jepoento outou	tome of Bungo	and modelan	O Z. I QUIL	O MONOID
Canditions, if a		enocarcinoma of	the Right Bro	aset		1 year
gove rise to i	immediate (Dur TO	Milocal Clindia Ol	one refere br	3030		T Agai.
lying couse lost.	the under-					
	(c) THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TERMIN	NAL DISEASE COMDIT	MONI CIVENI INI BART	1/-1 10 WAS AUTORSY
Š		CONTRIBUTION TO SEATING	THOT KEENIED TO THE TERMIN	NAL DISEASE CONDII	ION GIVEN IN PART	PERFORMED? YES NO
	AS UNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item	1 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	While		LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(Ce	ounty) (State)
21. I certify th	hat I attended the decea	sed fram 5/28/58	. 19 . ta "	7/22/58	19 that I le	ast saw the decease
alive an 7/2			accurred at 2:051	PM from the co	auses and an th	e date stated above
1	1/-00 - 0//	120		ADDRESS (Street, city		DATE SIGN
ACTUAL SIGNATURE	Mhan Do	son Mo	M.D. 5304 FA	mapolis	Road	7/23/58
PHYSICIAN'S NAME (Type)	Villiam D. Ro	osson, M.D.	6/ade	ushing	Marylas	rd
20. BURIAL, CREMATIC REMOVAL (Specify)	1 , ,	22c. NAME OF CEMETERY			, town, or county)	(State)
Burial	7/25/58		National Ce	m: Sui	tland	Md.
3. FUNERAL DIRECTOR		Home Ward Dor	24a. REC'E	BY REGISTRAR 2	REGISTIAR'S SIGI	NAT RE
Ritchie 1	Bros.Funeral	Home Wern Dor	O. Md. DATE OH	1 28 58	Whedu	ich

			MALYSIAM
	The Brainst		distance and less
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF	
		es Sarbinoli I	Manage Personal Particular
			dodas IR
	at I butt messer I		and addition to be a
	E-1 Total Office spread -		
	THE CONTRACT OF STREET		
	U STRICTURE GROUP STREET	e o Ans	ALL ROOM BOOK OF THE REAL PROPERTY OF THE REAL PROP
The state of	v s Č	American Str. Production Str. Co., Co., Co., Co., Co., Co., Co., Co.	
		SECURITY ASSESSMENT	Manager Transport of the

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

g physicion.

Is been signed by the attending physician and campletely filler

Is been signed by the attending physician and campletely filler

Is a second or a second physician popers. Pages second and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: After this certification goge 3 should be detached for use as the the registrar prior to buriol, cremotion, or r

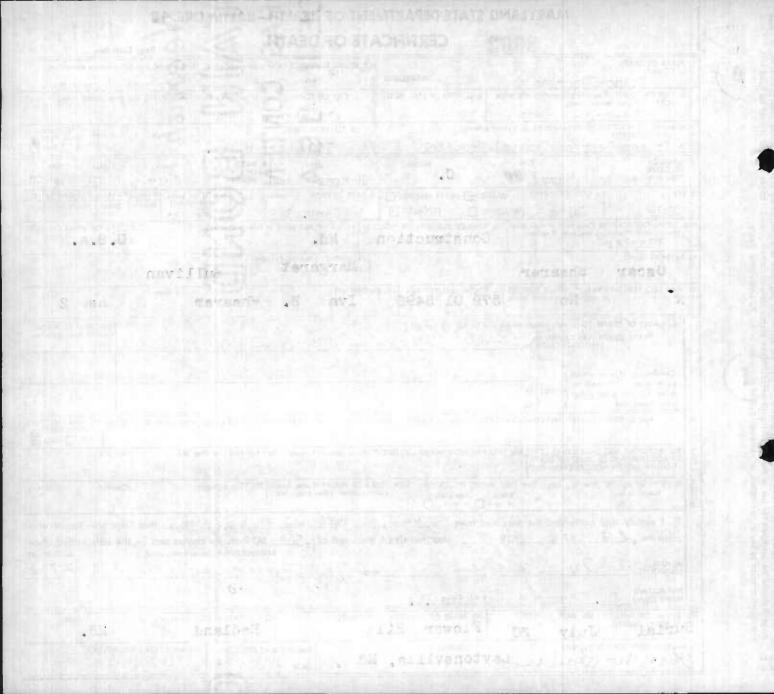
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 8302

			-	U
g. I	Dist.	No.		

o. COUNTY	******	2. USUAL RESIDENCE (W o. STATE	here deceased lived. If institut b. COUNTY	ion: Residence before admission)
Prince Georges	MARYLAND	Maryl	and F	rince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS	se ngnus	e. IS RESIDENCE
Prince Georges Genera	L Hospital	700 Wa	rren Ave.	ON A FARM
3. NAME OF First DECEASED (Type or print) Harry	Middle	Lost	4. DATE Mor	
itality ve		Shearer		ily 28 19 58
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
***************************************	WED DIVORCED	14 Sept. 18	92 65 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster	Construction	Md.	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME OSOAP Shearer		Margaret	Sulity	en
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	4 COCIAL CECHBITY NO. 137 I	ALCO DATA A LIT		
(Ye No, or unknown) (If yes, given oper dates of service)	579 01 5498	Iva B.	hearer	As Z
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	2. A (0 m.	my occlu	isin	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which)		1		
gove rise to immediate				
couse (o), stoting the under.				
/ (0)	S CONTRIBUTING TO DEATH BUT	NOT BELLIED TO THE TERM	INITIAL DISCOSSION CONTRACTOR OF CONTRACTOR	
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING UIF EITHER, NOTIFY MEDICAL EXAMINER) 20b. D	SCONTRIBOTING TO BEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a.m. Whi		ACE OF INJURY (Home, form clory, street, office bldg., etc	1, 20f. (City or town)	(County) (State)
21. I certify that I attended the decer	used from 25 July	1957, 102	7 July 1958	that I last saw the decease
alive on 27 July 19	ST and that death	occurred at \$6A.	/////	and an the date stated abov
10 0 1/1	6.1		ADDRESS (Street, city or town,	
SIGNATURE In. m / full	the	un 73/5-	Fau don PE	d: 1.28-8
PHYSICIAN'S	lutchins Ma	1 fra	thouly , he	d
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial Specify July 30	Flower Hil		Redland	Md.
23. SUNERAL DIRECTOR'S SIGNATURE A	ADDRESS	24c PFC'	D BY REGISTRAR 246 REGI	STRAR'S SIGNATURE
Hoy wo Barber L	aytonsville.	36.3		In o Reselve



X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
(M)	Item 17. Film G-232 8/8/5 CERTIFICATE OF DEATH Reg. Dist. No.	350
should be filed with	1. PLACE OF DEATH o. COUNTY R. NCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY b. COUNTY	re admission)
ld be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A A A A A A A A A A A A A A A A A A A	rest town)
2 show	A NAME OF HOSPITAL (If not in hospital give stort add as)	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) JOSEPH H. SHOEMAKER DEATH JULY 28	
P	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED March 5, 1883 9. AGE (In yeory IF UNDER 1 YEAR Months Days) Months Days	
9 2	To. USUAL OCCUPATION (Give kind of work done during most of working life, even investiged) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	F WHAT COUNTRY
- v	13. FATHER'S NAME UNK UNK UNK UNK	
72 haurs aft	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. openhown) (If yes, give wor or date of service) 578-07-300) Bernard 3810 Emily Address 378-07-300)	
n please r	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUCLY of Stormach & Hetastases ONS	RVAL BETWEEN ET AND DEATH
it. The	/5/X DUE TO	plees
and in any	gove rise to immediate couse (o), stating the under-lying couse lost.	
naval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	9. WAS AUTOPSY PERFORMED? YES NO
on, ar ren	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ematian	20c. TIME OF INJURY Month, Day, Year Hour a. jt. Pp. m. 19 20d. INJURY OCCURRED While Not while of work at work 20d. INJURY OCCURRED At while factory, street, office bldg., etc.)	(Stote)
ched fa	21. I certify that I attended the deceased from 1/1/28, 1958, to 1/29, 1958, that I last so alive on 1/28, 1958, and that death occurred at 830PM, from the causes and an the date	
be detaction to but	ACTUAL SIGNATURE Lee, P Campbell M.D. 3060 - 16 St. Weel 92	DATE SIGNE
strar prior	PHYSICIAN'S Meil P. Campbell-	
page 3	220. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Washington	(Stote)
(4) i5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE JUL 3 0 '58 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 3 0 '58	E

NO OF PERIOR PROPERTY 18	MARYLAND STATE DELUCTION
War wind Tox	
1538 Marios STANIA COM	CERTAL WELLOW FROM
TO THE REST OF	
enter an enter i belle este en enter e La contra en en enter enter en enter en enter en enter en enter en enter en enter enter en enter enter enter en enter enter en enter en	ment in Class

VS A1S (4) 1SM 9/S5

7	
D	

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8333 CERTIFICAT	E OF DEAT	Н
-----------------	-----------	---

Reg. Dist. No. 8321

1. PLACE OF DEATH O. COUNTY. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence STATE b. COUNTY Pu	nce befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Chayao L. Hill	c. CITY OR TOWN (If autside carporate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	1 d. STREET ADDRESS QLY8-Old Fort Road	e. IS RESIDENCE ON A FARM? YES NO (4)
3. NAME OF DECEASED (Type or print) JANES HENRY S	Shop TER 4. DATE OF DEATH	Day Year 11 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH S-L-1874 9. AGE (In years lift UNDER last big hady) Manths yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) SELF Exip Loye	Ed Chapel HILL, MD.	USA
ALBERT ShorTER	SAPAH Brown	
(Yes, no, or unknown) { (If yes, give wor or dates of service)	Mrs. CLARA PLUMNIER -	SAME -
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate (b) DUE TO	La- vous Rend Deur	INTERVAL BETWEEN ONSET AND DEATH
caese (a), stating the under DUE TO lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURREL OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED fac While Not while at work at wark	ACE OF INJURY (Home, farm, 20f. (City or tawn) (ctary, street, affice bldg., etc.)	County) (State)
21. I certify that I attended the deceased from 5-15 alive on 7-9, 1958, and that death	occurred at 10'05 PM, from the causes and on t	last saw the deceased
ACTUAL SIGNATURE Signature Signature	ADDRESS (Street, city or town, state) M.D	DATE SIGNED
PHYSICIAN'S RICHOVA IL DODSEN	Brown ine, me	
22g. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-15-58 22c. NAME OF CEMETERY OF Church Cemet		(State)
Burial 7-15-58 Church Cemet 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Md.
John T. Rhines & Co. 901 3rd St., S. W	JUL 10 00 (900 (GNAJUKE

			TABO RO BEAT			
						HILL TO BUS
				Backer !	S MALL	
	1.	4			2	14
			SALE Y			mar office 1
Lance Trans				d 7		of Bulletin State 1
				12 700		
						*
						off spinor 1. (u)
					The	
			- strail			
				in all look has	The state of the	and Started A

CEDTIEICATE OF DEATH

08322

	8432	CERTIFICA	AIE OF DEATH	1		Reg. Dist. 1	No.	
. PLACE OF DEATH			2. USUAL RESIDENCE (WI	ere deceased l		ini Residence b	efore admiss	ion)
Prir	nce Georges	MARYLAND	o STATE District	of C	olumbia	9		
	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporol	e limits, write Rl	JRAL and give	nearest town	1)
	sville	2 months	Washing	ton			47X	-3 V
	L (If not in haspital, give street		d. STREET ADDRESS	V 5.5			e. IS RES	SIDENCE FARM?
Carro	ll Manor		208 Mass	a. Ave	. N. E		YES [NO ₽
3. NAME OF	First	Middle	Lost	4. DATE	Mont	h	Day	Yeor
DECEASED (Type or print)	Julia	в.	Sullivan	OF DEATH	Jul	V	_	19 58
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE		
Female	White widow		Nov. 26. 18	274	last birthdoy) 83 yrs.	Months Doy	Hours	Min.
100. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU		or foreign cour	itry)	12. CITIZEN	OF WHAT	COUNTRY
Clerk (Red	ig life, even if retired)	. S. Post On	ffice Mair	10		USA		
FATHER'S NAME	021 007	. 5. 1050 0.	14. MOTHER'S MAIDEN I			000		
Daniel Su	illivan		Margaret					
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	121-1-6	Addr	לוך ייי	Hil	1 ton
(Yes, no. or unknown) (If	yes, give war or dates of service)	none Mi	rs. Margare	- C R	ell S:	ilver		
	H [Enter only one couse per li		S. Margaro	0.00.10	011 0		NTERVAL BE	
	H WAS CALISED BY.					Ö	INSET AND	DEATH
1000	MMEDIATE CAUSE (a) U8	rcinoma of F	Breast With	Metas	tasis		2 mor	ths
170	X DUE TO to	lung						
Canditions, if any	y, which) (b)							
gove rise to im	mediate (-
lying couse last.	under-							
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE	ONDITION GIV	EN IN PART 1(o	19. WAS	AUTOPSY
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M							PERFO	RMED?
20a. ACCIDENT WAS	LINDERLYING CT 20h DES	SCRIBE HOW INJURY OCCURR	FD /finter nature of injury in	Port I or Part II	of item 16.)		1131	ИОП
OR CONTRIBUTING E	CAUSE OF DEATH	CANDE FIGURE INSIGNATION OCCURRE	es. Jenier notore or injury in					
		INJURY OCCURRED 20e. P	LACE OF INJURY IHome, form	206 (City o	towa)	(Coun	1)	(State)
20c. TIME OF INJURY Hour o. m.	White	Nat while fo	octory, street, office bldg., etc		idwiij	(Coon	ועי	(sidie)
₹ p. m.	19 at wa			10 70:				
21. I certify tha	it I attended the deceas	sed fram 2-14-1	950 19 ta 1	-8-195	19	_,that last	saw the	decease
alive on 7-7	' - 1958 19	, and that deat	h accurred at	M. fram	the causes a	nd an the	date state	ed abav
	70	4.4			et, city or town,			ATE SIGNE
ACTUAL OF	umas + Ca	llins	322 H S	treet,	N.E.		7/8	3/19
SIGNATURE			M.D					
PHYSICIAN'S Th	omas F. Col:	lins, M.D.						
220. BURIAL CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OP CREMATORY	22d LOCATIO	N (City, town, o	or county)	(Stot	
REMOVAL (Specify) Burial	7/11/1958	Gate-of-He		C1 . T				
23. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRA		TRAR'S SIGNA	ryla	10
Y	1 111			UL 1 0 '5		3 31014	1	
Trancio TX	1200 m 2021-	14thSt.N.W.V	Vash.DC DATE		I	meaul	n	

h by the funeral director, d 2 should be filed with vas been signed by the attending physician and completely filled rial-transit permit. Then please remove carbon papers. Pages remayal, and in any event within 72 hours ofter death. may be retained by the haspital or attending physician. page 3 should be detached for use as 1th the registrar priar to burial, crematian, a

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

	ۥ			
		OHADDRE		
	Service and			
	4.3.74.65	211		
the way of the				
ROUNDLY NO.				
		1 · · · · · · · · · · · · · · · · · · ·		TOPET.
			T. SERINGTAN	
				CHO INVESTIGATION

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificote shauld be executed within 24 haurs offer death. If any delay is necessory, please execute the certificote, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief M. It Examiner's Office along with form PM3. Page 5 may be recorded for your files. TO FUNERAL DIRECTOR: Page 3 should sourced as a burial-transit permit. File pages 1 and 2 with the Section of Health, are its designated agent, prior to buriof, cremotion, or removal, and in any event within 72 hours after death. M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08323

Reg. Dist. No.

•		o. COUNTY 22	. USUAL RESIDENCE (Vyhere deceased lived. If institution: Residence before admission)	
1		James Sences MARYLAND	O. STATE TO d - b. COUNTY PARCE CAR.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	b	b. CITY OR TOWN (If outside corporate limits, we RURAL O C. LENGTH OF STAY IN 16 and give news) town)	c. CITY OR TOWN (If outside copposate limits, write RURAL and give nearly town)	-
		Cheverly 2 days	16 Mars + Rasses	
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ordress)	d. STREET ADDRESS e. 15 RESIDEN	CE
7		Prince Serices Sin. Hosp	4201 30 in Street YES NO	
			Lost 4. DATE Month Day Year	-
а		OECEASED (Type or print) Christopher Echinic	Daylor DEATH 7 - 8- 1958	-
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	TE OF SIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 H	P5.
	A	Vale White WIDOWED DIVORCED 1.00	-10-52 lost birthday) Months Days Hours Min.	
1	100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNT	RY7
1	1	Manual Ma	Virginia U.S.G	
	13.	EATHER'S NAME	MOTHER'S MAIDEN NAME	_
	6	Echvin Hugh Danlor	Margaret De Cameto	
	15.	S. WAS DECEASED EVER IN U. SARMED FORCES? TO SOCIAL SECURITY NO. 17 JUNEO	RMANT Address	
		Vw Cdu	vin H. Dayler; same address	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).]	INTERVAL BETWEEN	-
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Demorrha Se	ONSET AND DEATH	
1		812 X DUE TO 1" 1"	1 1	
		Conditions, if ony, which) (b) Mapping lacin.	ation of lives a contra-	
		gove rise to immediate couse (a), stating the underlying DUE TO POR OF Pumerial	y de la constant de l	-
		couse lost. (c).		
1	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	Υ
1	CATION		PERFORMED?	2
	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING 20b. DESGRIBE HOW INJUST OCCURRED/LEDIES CAUSE OF DEATH.	noture of injury in Part I or front II of item 14.)	
			while while at plany.	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE Of Hour 0, m. While Not while factory,	OF INJURY (Home, form, 20f. (City or town) (County) (State	1
)	ME	7.00 p.m. 7-5 1958 While Not while Not while	Throng Port Ramer - (R. Sev. My	1,
		21. I certify that I taak charge af the remains described above,	wheld an Astopsy . Inspection . Inquiry , and in m	iy
		opinian death resulted fram: Natural causes [], Accident [],	Suicide , Hamicide , Undetermined manner	
		0.1-0.80		
		SIGNATURE COMO TO CLONEY	D. CHIEF MEDICAL EXAMINER DATE SIGNED	
		PVAMINE	ASSISTANT MEDICAL EXAMINER [] A	
		NAME (Type) JOHN T. MALONE Y. M.D.	DEPUTY MEDICAL EXAMINER X July - 8, 1930	
	220.	O. BURIAL, EREMATION, 22b. DATE THEREOF 22c NAME OF CEMEJERY OR CRE	MATORY 22d. LOCATION City, lown, or county) (Stole)	-
	K	Suna 1/10/1958 Ant Line	who In Sharpe to And.	-
	23.	FUMERAL DIRECTOR'S SIGNATURE , ADDRESS / 3 1-1	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
	1	John Waltingly Wash of	En D POATE JUL 1 0 '58 Milledelle	
	1			_

execute the certifico:e, writing the ward '4 shauld be forwarded to the Chief M.

TO FUNERAL DIRECTOR: Poge 3 should a ar its designated ogent, prior to buriol, VS. A15ME 5M 2/57

MEDICAL DOLARDS SERVINGATE OF BEATH	9.00
The state of the control of the same and the same of t	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8304 **CERTIFICATE OF DEATH** Reg. Dist. No.

08324

1. PLACE	OF DEATH				2. USUAL RESIDENCE (W	here deceased I		Residence bef	ore admission)
	Princ	e Georges	E-HANGSON T	MARYLAND	Marvl	an d	b. COUNTY	Prince	Georges
		utside corporate limits		TH OF STAY IN 16	c. CITY OR TOWN (IF		le limits, write RU		
	Cheverly			2 Hr 90 M	n/5 Heattsvi	110.			
d. NA	ME OF HOSPITAL	(If not in hospital, give	ve street oddress)		d. STREET ADDRESS		EL SET E		e. IS RESIDENCE
OK.			0		6030 12-	. A			ON A FARM?
3. NAME		e Georges			6010 43r		18		113 10
DECEA	SED	First		Middle	lost	4. DATE OF	Month	D	Yeor Yeor
-		DOMESTIC STATE	Harry	P	Thomas	DEATH	July	7 10	19 58
S. SEX	6	COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9.			R IF UNDER 24 HRS.
Mo	le	White	WIDOWED 🗌	DIVORCED [7 /27 /80		69 yrs.	Months Doys	Hours Min.
10a. USU	AL OCCUPATION	(Give kind of work de	one 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign covi		12. CITIZEN	OF WHAT COUNTR
durin	ng most of weaking	life, even if retired)	South.	DP	DC			91	
12 FATUE	R'S NAME		Louise	w//.//.	10,01			u	120
13. TAINE	K S NAME		-		14. MOTHER'S MAIDEN I	NAME	1		^
-	INIO	NIA	FOMAS		JENNI	E 17	5 H D	OWN	
15. WAS I	DECEASED EVER IN	U. S. ARMED FORC		ECURITY NO. 17.	NFORMANT	- /	Addre		7
1/	0	es, give wor or ourse or ter	7.00	1	eller Wil	hornes	60197	リナナでル	THE NO.
18. 0	CAUSE OF DEATH	[Enter only one cou	se per line for (o)	(b) and (c) 1			1140	1 LIN	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		1114	1.0 · 1	با ما المه	· Hupen	QON	ISET AND DEATH
11	201 1	MEDIATE CAUSE (0)_	mypean	deal the	700	D' Fac	- 17 por	+ laft	
14	au.	DUE TO	/	- 0 1			+/ ٧	V/	or l
	gove rise to immediate (b)								
	e rise to imm ie (o), stating the								
	g couse lost.	(c)_)			_	
Z	PART II. OTHER		ITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE (ONDITION GIVE	N IN PART I/ol	19 WAS AUTOPSY
18					THE TERM	INAL DISEASE	CONDITION GIVE	A HA LYKI I(O)	PERFORMED?
2	A CCIDENTE MAIL C		OI DESCRIPTION				tire and the same of		YES NO
□ OR C	ACCIDENT WAS UDITING THER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	NO. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II	l of item 18.)		
₹ 20c. T	IME OF INJURY	Month, Doy, Year	20d. INJURY OC	CUPPED 20e PL	ACE OF INJURY (Home, form	204 (City -	- 41		
	Hour o. m.		While Not	while fo	ctory, street, office bldg., etc	.) 201. (City b)	riownj	(County)) (Stote)
2	p. m.	19	of work of w	rork 🔲					
21. 1	certify that	I attended the	deceased fram	3-12	- 195%, to 7	10	195 X	that I last s	aw the decease
	e an) '-/	10-5%	. 19	10	accurred at	AA from			
	(3)	1) X		dia mar deam			et, city or John, st		DATE SIGNE
ACTU	IAL TO	19	1 11	in	Hm.	#	10 %		7-10-5
SIGN	ATURE /	1	000		M.O	lin	04/		110.3
	E (Type)	hn F	010	m					
		226. DATE THEREOF	22c. NA	ME OF CEMETERY O	R.CREMATORY	22d. LOCATIC	ON (City town, or	counted	(Stote)
BEME	SYAL (Specify)	July 14	1958 0	dan 1	111	11.	the	11 -	mil
23 FINES	RAL DIRECTOR'S	MATURE	ADE	DRESS O		Succession	man	and work	ya.
3	11/2	P. O.	1/10	0 6	24a. REC'	D BY REGISTRA	38 246 REGIST	RAR'S SIGNATU	The second second
110	Nº /Ko	us 11	ash	2,6	DATE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page D FUNERAL DIRECTOR: After this certificative been signed by the attending physician and campletely filled page 3 should be detached far use as the conditional permit. Then please remove carbon papers. Pages 11 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. may be retained by the haspital ar attending, physician.

TO FUNERAL DIRECTOR: After this certifical as been sit page 3 should be detached far use as the contract of the cont

精

y the funeral director, 2 should be filed with

VS A1S (4) 1SM 10/S7

THE ASSISTANCE OF A STATE OF A ST	
MITARIO PER	

FOR STATE

HEALTH DEPT M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. If Examiner's Office along with farm PM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Page 3 should 22 stead as a burial-transit permit. File pages 1 and 2 with the 10 Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 4.8325

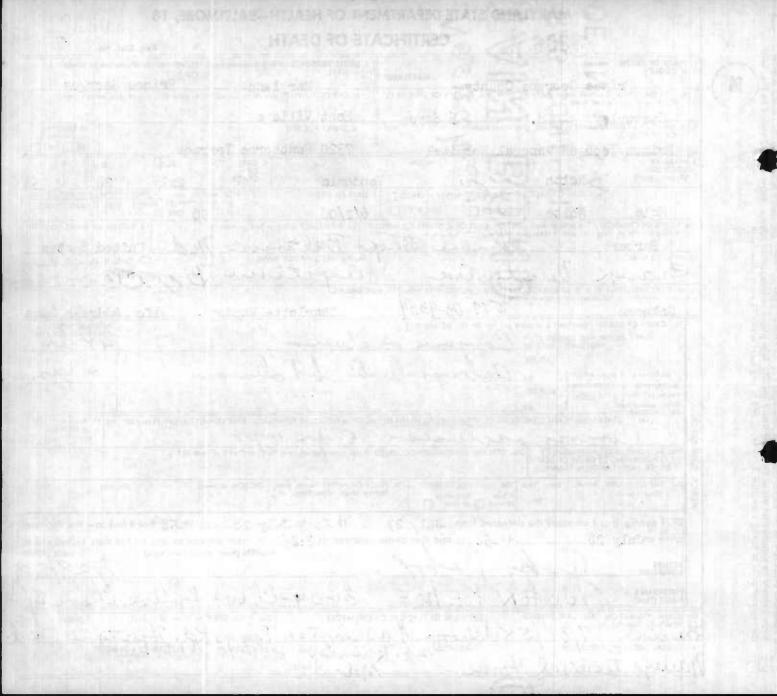
	LACE OF DEATH	Prince George	AS MARYLAND	O. STATE	(Where deceased lived	b. COUNTY 5	
b	. CITY OR TOWN (I	If outside corporate limits, write EUI		c. CITY OR TOWN	(If outside corporate li		f give nearest town)
d			I in hospital, give street address)	/ d. STREET ADDRESS	endly		e. IS RESIDENCE
		eorges Genera		1 4	Fort Road		ON A FARM?
- 1	NAME OF DECEASED Type or print)	Charles	Julian Tho	laii Me	4. DATE OF DEATH	Month July 15	Doy Yeor 19 58
5. 5	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE	In years IF UNDER	
]	Male	white w	DOWED DIVORCED	August 1.		15 yrs. Months	Days Hours Min.
10o.	usual occupation of working most of working Carpente	ng life, even if retired)	106. KIND OF BUSINESS OR INDUSTI Cunstruction	Marylan		12. CITI	ZEN OF WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Sidn	ey Thorne			Katie Ta	ylor	
	WAS DECEASED EV	VER IN U. S. ARMED FORCES If yes, give war or dates of service W.W.2		Stanley 6.	Thorne: sa	Address	as # 2.
	18. CAUSE OF DEA	ATH [Enter only one couse p	per line for (o), (b), and (c).				INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Acute heart	failure			ONSET AND DEATH
	422.1	DUE TO					
TION	Conditions, if a gave rise to immed (a), stating the cause lost. PART II. OT	underlying DUE TO	Cardiovascu		MINAL DISEASE COND	ITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. EXTERNAL CA PRIMARY Gr CO CAUSE OF DEATH.	USE WAS 206. D	ESCRIBE HOW INJURY OCCURRED. (E)	nter noture of injury in P	art I or Part II of item	18.)	YES NO X
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		20d. INJURY OCCURRED 20e. PLAC While Not while of work	CE OF INJURY (Home, fory, street, office bldg., e	erm. 20f. (City or low)	ı) (Cou	inty) (Stote)
	21. I certify t	hat I taak charge of	the remains described above	ve, held an Autar	osy . Inspect	ian 🔼, Inquir	y D, and in my
	apinian death ACTUAL SIGNATURE EXAMINER'S	resulted fram: Nat	Malaney	_M.D. CHIEF MEDICAL	Hamicide, EXAMINER ICAL EXAMINER	Undetermined n	DATE SIGNED
	NAME (Type)	John T. Male	nev. M.D.	DEPUTY MEDICA	L EXAMINER	July 15.	1958
	BURIAL CREMATIC REMOVAL SPECIES BUNERAL DIRECTOR	DN, 72b. DATE THEREOF	22c. NAME OF CEMETERY OR BELLAND HE ADDRESS	U Centro	Suite	ity, fown, or punly) 24b, REGISTRAR'S SIG	anyland
		- 7	rash 26 0	e			

MARYLAND STATE DEVAMMENTO SHEATH BALTHORE TO BE SALTHORE TO BUILD STATE OF DEATH OF DEATH ...

				· municipal
• • • • • • • • • • • • • • • • • • • •	lung Extert No.		rings Dearges	
	\$1166.frg 1		V. Tovo	
			aos Lorena segui	
	ocen Jest hij It	ANDAR	428 7711/90 8611-5	DM COURT OF
15 TE		ten Prorpe	in. entrad	
	,£ 0_5	A CONTRACTOR	Mices of the	0.54
	See Lyse	тр. 10 от 20 от 20 от 10 от 1		(Hipperber
	of state of		erbor? v	51, and
.i na paszbia s	nay C. Cheme; me		9	Yes
	1901	ter drawn south		
	vandu.	and reservoitings?		
		Barrier Marie		
	B B B			
		ACTUAL STREET	ell following	
THE IS A STREET	Grandou seren		L. Carette, D. Maley, J.	
and the second		112 11 11 11 11	1764	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		TEMPTHASSICITATE UNAU	
	E OF DEATH		
		LC -1 -1 -2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	THE LAND WALLS TO	2 Life way Tox	
		Towns out Million	
			Canal S
			A TOTAL CONTRACTOR OF THE
			or television, that Harde \$. Co.
and Eulerica and the state of the later.			
	7.7.7.7.7.51		
Market Philippin	William Strategies and The Control	A Sunday agradu	THE STATE OF THE PARTY.



FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. I Examiner's Office along with form PM3. Page 5 may be refined for your files.

TO FUNERAL DIRECTOR: Page 3 should to seed as a burial-transit permit. File pages 1 and 2 with the 1, 2, 8 board of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8307

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08328 Reg. Dist. No.

1.	o. COUNTY	Prince Ge	orges	MARYLAN	O STATE -				ce before admission)
	b. CITY OR TOWN (I and give nearest town	heverly	ib, write RURAL	c. LENGTH OF STAY IN	c. CITY OR TOW		rparate limits, write	RURAL and g	give nearest town)
	d. NAME OF HOSPIT	AL OR INSTITUTI	ON (If not in I	ospital, give street address)	d. STREET ADDRE	ESS			. IS RESIDENCE
	Prince	Georges	Genera:	l Hospital	1833 1	Kalorama	Road		YES NO
3.	NAME OF DECEASED (Type or print)	Tsa	First	Middle W1711 am	lost Welsh	4. DATE OF DEATH	Mon! July	11	Doy Yeor 19 58
5.	SEX	6. COLOR OR	the latest	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years tost birthday)	IF UNDER 11	
10	g. USUAL OCCUPATIO	ON (Give kind of	work dane 10b	. KIND OF BUSINESS OR IND	1-20-08 USTRY 11. BIRTHPLACE (State or foreign	country)	12 CITIZI	EN OF WHAT COUNTRY
	during mast of warking	ng life, even if re	ired)			Marine T	coomy		
	Aintenance FATHER'S NAME	man		Real Estate	14. MOTHER'S MAID	ensas Den name		0.	S.A.
	181714	. Madah					In I now		
	. WAS DECEASED EV			6. SOCIAL SECURITY NO. 17	. INFORMANT	annah N	lelson Address		
įr.	es, ne, er unknawn)	If yes, give war ar d	ates at service)		Alden Melel	he some	addmaga a	ac No	9
	18. CAUSE OF DEA	TH Enter only o	ne cause per lir	ne for (a), (b), and (c).]	Alice Welsh	ilj bauto	adm.ess e	rp Mo•	INTERVAL BETWEEN
		TH WAS CAUSED	BY:						ONSEL AND DEATH
	11113 X	IMMEDIATE CAU	SE (o)	Acute con	gestive hear	rt railu	ire		
	77		E TO					F (2) 11	
	Canditions, if a		(b)	Hypertens	ive cardiova	ascular	disease		
	gave rise to imme		E TO						
	cause fast.)	(c)						
ATION	PART II, OTE	HER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO IX
CERTIFICATION	200. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.	USE WAS NTRIBUTING	20b. DESCR	IBE HOW INJURY OCCURRED	. (Enter nature of injury in	n Part I or Fart I	1 of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Do	W		PLACE OF INJURY (Home, actory, street, office bldg.	form, 20f. (Cit	ly or town)	(Count	y) (Stole)
	21. I certify th	nat I taak ch	arge of the	remains described a	bave, held an Aut	opsy . I	Inspection T	Inquiry	1. and in my
	opinian death	resulted from	n: Natural	causes T. Acciden	Suicide	. Hamicide	Undete	ermined mo	-
		4	6-1	1	. [_]	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mined me	mile L.J
	ACTUAL	Mr.) PAI	-Vane	CHIEF MEDICA	AL EXAMINER	1		DATE SIGNED
	SIGNATURE	Trun.		and the	M.D.	EDICAL EXAMIN			
	EXAMINER'S NAME (Type)	T-1 m	W-7	""		CAL EXAMINER		1 77	3.000
22	o. BURIAL, CREMATIC	John T		22c. NAME OF CEMETERY					
	REMOVAL (Specify)		-58	Lincoln Me			uitland.		(State)
23	EUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1	REC'D BY REGIS	TRAR 246 PEGI	STRAR'S SIGN	ATURE
1	1. Ernest	Jarvis	1432	You St. M.	F. DATI	E JUL 17	'58 CU	Heder	
-	U	/	0	11/1/	DC.				

VS. A15ME 5M 2/57

TORREST TO THE YEAR THE viliave. had myrdal to I Latremoli damento nancono contri-All tree Hales; process account to Aggin concentate heart-feathers Experiments our dicomminated disease

The state of the s

VS A15 (4) 15M 9/55

		833	6	CERTIFI	CATE	OF DEATH	1		Reg. Dist.	10.83	30
1	PLACE OF DEATH O. COUNTY Prince Geor	ge¹s		MARYLAI	11 0	AL RESIDENCE (WHITATE Maryla:		d lived. If institut b. COUNTY	ion: Residence	before odmi	ssion)
	b. CITY OR TOWN (If outside con RUPAL and give nearest town)	rporote limits,	write	Life		Clinton,		rote limits, write	RURAL ond giv	e nearest tow	vn)
	d. NAME OF HOSPITAL (If not in	hospitol, give	street od	dress)	11/	D. # 3, B	ox. 3	35		ON	SIDENCE A FARM?
3	DECEASED	First		Middle	WHI	lost TE	4. DATE OF DEATH	July		Day	Year 19 58
	Male Wh	ite w	IDOWED	-	Aug	of BIRTH ust 7- 18	. /	9. AGE (In years lost birthdoy) 82 yrs.		YEAR IF UND	
1	Off USUAL OCCUPATION (Give kind during most of working life, eving Retired	nd of work dor en if retired)		ND OF BUSINESS OR I		Maryland		ountry)		USA	T COUNTRY
	3. FATHER'S NAME Unknown					Unknown	IAME				
	5. WAS DECEASED EVER IN U. S. A (Yes, no. or unknown) (If yes, give wo	ARMED FORCE or or dates of servi			17. INFORMA Lawren	oe Ray Wh	ite		dress		
3	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFIED	(b)_4 DUE TO (c)_ CANT CONDIT	TIONS CO	OS CARL		ATED TO THE TERMI			VEN IN PART I	PERF	ORMED?
	PART II. OTHER SIGNIFICATION OF THE PART III. OTHER SIGNIFICA	AAMINEK)	na	libe HOW INJURY OCCU	Can	101				YES [] NO [2]
1400000	20c. TIME OF INJURY Month, Hour a. gr. p. m.	Day, Year	While .	Not white of work	foctory, stre	NJURY (Home, farm et, office bldg., etc.	, 20f. (City	or town)	(Co	unty)	(Slote)
	21. I certify that I atte alive on the last of the las	59	eceased, 12_5'	I and that de	eath occur	red at A	M, from	ireet, city or town,	and on the	date stat	
2	20. BURIAL, CREMATION, 22b. D. BURIAL (Specify)	ast 2-5		Bells Come		TORY		Springs		(Sio	ite)
2	FUNERAL DIRECTOR'S SIGNATU	RE others	166: Wa	ADDRESS Good Hop shington 20	e Rd.	DATE	BY REGIST	RAR 245. REGI	STRAK'S SIGN	ATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HTARO TO ST		3336	
	hastered		n'entrell so	147
	, , , , , ,	o 123		3376.00
	A Part of the Color			
delle State	27.00			12 1101
	area of Jurior	Edward 12	Pit 1 percentar a	n i hii
	bits formal	The Thorne Labor		Part 12 Hz
	mingotti			
	menne rence Key White S			
The Control of the Co		antari ng SiD 🛆 S		
		1 1 1 M	TAUE 10. PAR FEET	THE PERSON NAMED IN
. Areigue, a milita		rother of allocations		1/21/6
			A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	The same of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HTARE OF DEATH OF THE OF	
BEN 전속 10년에 2014년 - 12 12 2개 : 10 12 2개 : 10 12 2개 : 10 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	*
	•

		~	-	-
	10	and a	-	
Ì	ď		h	
1	1		43	1
	1			/

by the funeral directar, d 2 shauld be filed with IRECTOR: After this certific thas been signed by the attending physician and campletely filled be detached for use as the cial-transit permit. Then please repress, carbon papers. Pages viar to burial, crematian, ar remayal, and in any event within 7k hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or atten **D FUNERAL DIRECTOR**: After this certific page 3 shauld be detached for use as th

FUNER age 3 si	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) De huston By REGISTRAR 124b. REGISTRAR'S SIGNATURE 11. 2 2 58
5 g =	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REED BY REGISTRAR	24b REGISTRAR'S SIGNATURE
A15 (4) 9/55	W. W. Chamber to . In	uc. 517-112 11 1. E.	DATE JUL 2 2 '58	Wir eauch

	ACE OF DEATH	vce Ge	orges	MARYLAN	O STATE	mI		If institutions Resi	-	odmission)
	CITY OR TOWN (If o		113, Write C. LET	14 days	b c. CITY OF	crest	ide corporate lim	its, write RURAL or		7
d.	NAME OF HOSPITAL OR INSTITUTION T		give street oddress	P	d. STREET		Th Aug	5.E,		IS RESIDENCE ON A FARM? YES NO S
DE	ME OF CEASED pe or print)	Cathe	rine/	MARGARE	+ Will	AM S	DATE OF DEATH	Month 19	July	Year / 1958
5. SEX	F	CAU	7. MARRIED M	NEVER MARRIED [TH 2 19		(In years IFUNI birthday) Month yrs.	-	UNDER 24 HRS.
d	JSUAL OCCUPATION luring/most of working	(Give kind of work of life, even if retired WIFE	done 10b. KIND (OF BUSINESS OR IN	120	NOON	foreign country) [ENGL.	AND 12.	US/	WHAT COUNTRY?
/	HERBE	RT I	BERNA	SD	14. MOTHER	EN	- UN.	KNOWN		
	AS DECEASED EVER II	N U. S. ARMED FOR	ervice)	L SECURITY NO	7. INFORMANT HUSB	AND	2739	- 26 Ha A	que s	El,
18	PART I. DEATH	E [Enter only one co WAS CAUSED BY: AMEDIATE CAUSE (d DUE TO	Isole	(o). (b) and (c).]	mair.	eleu	ilex	fusin	INTERVONSET	AND DEATH
1	Conditions, if ony, gove rise to imn couse (o), stating the lying couse lost.	nediote (Varia	Mon	a pr	ring	emile	stone	2	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED	O THE TERMINA	AL DISEASE COND	OITION GIVEN IN I		WAS AUTOPSY PERFORMED? 'ES NO
CERTIFI	00. ACCIDENT WAS DR CONTRIBUTING T F EITHER, NOTIFY MI	CAUSE OF DEATH	20b. DESCRIBE H	HOW INJURY OCCU	IRRED. (Enter noture	of injury in Pol	t I or Port II of it	em 18.)		
WEDICAL 02	Hour o.m. p.m.	Month, Day, Ye		Not while	PLACE OF INJURY factory, street, off		20f. (City or tow	n)	(County)	(Stote)
	1. I certify that alive an 19	I attended the		om. 5 Ju., and that de		16:45 A	M, from the		n the date	the deceased stated above. DATE SIGNED
PI	CTUAL IGNATURE	Verais	7 5	huerd	3 M.D	100/57	USAF	HOSPIT	AL	7-10
	BURIAL, CREMATION,	22b. DATE THEREO	T. Smith	NAME OF CEMETER	OF COEMATORY		EWS AT	ity, town, or count	Y_1	25, 0, C

CERTIFICATE

19 JULY 1958: I certify that Prince Georges country CORNER WAS CONFACTED AND CLEMENNEE WAS GrANTED to MOVE BODY to Chambers FUNEVA HOME, WASh. D. C. AND FURTHER TO MEEKS FUNEXAL HOME, OHIO STREET, Johnstonn, PENNA. for BURING.

Charles W Blebuts Mysgl.

NCOD - 19 July 58

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward is ending in pencil in them 18. Give Pages 1, 2, and 3 to the financial director. Page 4 should be farwarded to the Chief M. I Examiner's Office along with form PM3. Page 5 may be read of for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Share Board of Heapth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0200

	- 4	1 1	• 9	-	-1
	- 1	18	()	()	1
leo.	Dist.	No.	_	-	

	303							Keg. Dist.	110.
PLACE OF DEATH			•	12	USUAL RESIDENCE	(Where decea			
o. COUNTY	rince George	8	MARYL	AND	o. STATE Mar	yland	b. COUNT	Prince	Georges
b. CITY OR TOWN (If outside corporate limits, write I	URAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	(If outside cor	porote limits, write		
	everly		D.O.A.	100	X Sui	tland			
	TAL OR INSTITUTION (IF	nat in hos	pital, give street address)		. STREET ADDRES	S			e. IS RESIDENCE
Prince G	eorges Gener	al Ho	ospital		4715 1	Summer	Road		YES NO
3. NAME OF DECEASED (Type or print)	Luther		Marren	W	illiams	4. DATE OF DEATH	July Month	24	Year 1958
S. SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER TYE	
Male	white	VIDOWED	DIVORCED [3 (Det. 16, 1	1920	37 yrs.	Months Day	s Hours Min.
0a. USUAL OCCUPATION OF WORK ITUCKOTIV	ON (Give kind of work doing life, even if retired)	ne 10b. K	oil Co. Su:		Secretary Company of the Company of				S.A.
13. FATHER'S NAME Herbert	Reiley			1.	MOTHER'S MAIDE	N NAME	ber		
	VER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	RMANT		Address		
Yes, no, or unknown)	None		es ?	Eli	zabeth Wil	liams;	same add	ress	
Conditions, if gave rise to imme (o), stating the cause lost.	ediate cause	TIONS CC			RELATED TO THE TE		SE CONDITION GIV		D) 19. WAS AUTOPSY PERFORMED? YES NO
PART II, OT 20g. EXTERNAL CA PRIMARY 1 or CC CAUSE OF DEATH	ONTRIBUTING (1)	DESCRIBE	HOW INJURY OCCURR	RED. (Ente	r noture of injury in	Part I or Part II	of item 18.)		
20c. TIME OF INJU		While		e. PLACE factory.	OF INJURY (Home, f street, office bldg.,	arm, 20f. (Cit	y or fown)	(County)	(State)
21. I certify t	that I taok chorge	of the r	emains described	above	, held on Auto	psy 🔲, I	nspection 🔝,	Inquiry	, ond in my
ACTUAL SIGNATURE	John T. Mal	Ma	long		I.D. CHIEF MEDICAL	EXAMINER DICAL EXAMINE		rmined mar	DATE SIGNED
BURIAL 23. FUNERAL DIRECTO	ON. 22b. DATE THEREOF July 26	,195	8 Codare H	llth h.,D	St. Mo. R	Sul Sul EC'D BY REGIS	tland		

٧		MENTER LANGUE		
	HTARO ROBYRDENTED ESTE			3
Triac University			Prince Control	
	broiding	4 %, /-	(Linux I)	
	bear though a bear	Indianal .	Internal percess conful	
, 10	girl of and life	40 A	Total Inches	
	i con it, iero en som		erims ef.	
A 1 7	delicate of the second contacts	of John in	z w trokora	
	reduction will di		length damage	
CAP	Silicheth Williams; som nooi	Y any		
	suffer francisco	toggw-		
			THE RESERVE	
	A STATE OF THE PARTY OF THE PAR			
	The Grand St. A. S.			
	Description County (Control of Control of Co			
eh, me	That the second and the second	, , , , , , , , , , , , , , , , , , ,	mod. H. Carriel L. Lon	

M

2

1 d

9309

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08334

MEK 2	CEKIII	ICAIL	Ur	DEATH	(, 0 (
					Reg. Dist. No.

	0.0							Keg. D	1121. 140		
PLACE OF DEATH	D	~			2. USUAL RESIDENCE (V	Vhere decease	d lived. If institu		ence bef	fore admi	ission)
	Prince (Mar	yland		Pr	. G	eo.	
b. CITY OR TOWN (If and give neares! town)	outside corporate limits, write	RURAE	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (II	aulside corp	orale limits, write	RURAL on	d give n	earest la	wn)
Che	verly		D. O. A.		34 Bre	ntwoo	d				
d. NAME OF HOSPITA	AL OR INSTITUTION (IF	not in hos	pital, give street address)	STREET ADDRESS						ESIDENCE
	Georges G	ener	al Hospits	al	3910	Allis	on Stre	et			A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont		Day	Y	fear
(Type or print)	Wallace	9	Edward	Wi	lliams	DEATH	July	19,		1	9 58
5. SEX	6. COLOR OR RACE	MARRIE	D NEVER MARRIED	8. 0	PATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HR
Male	colored	WIDOWED	DIVORCED [11-17-18	83	74 yrs.	Months	Days	Hours	Min.
10e. USUAL OCCUPATIO	N Give kind of work do	ne 10b. K	IND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (State	ar foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTR
Retired	plasterer	C	onstruction	าท	Marylan				II.	S. A	
13. FATHER'S NAME	PLUDUCIUL		011001 0001	-	4. MOTHER'S MAIDEN N				0.	20 21	•
Goongo	WATTAOMS						razier				
15. WAS DECEASED EVE	Williams	FS2 14	SOCIAL SECURITY NO.	17 INE	ORMANT	Ter L					_
(Yes, no, er unknown)	(If yes, give war or dates of re	rvice)	SOCIAL SECORITI ITO.				Address			sam	
No				HOE	p. Record	s and	Maryy	Murr	ay;	add	ress
	H [Enter only one cause	per line f	for (a), (b), and (c).]						INTER	EVAL BETWEEN THE	EFN A (III
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Congest	ive	heart fai	lure			01100		
422.1	DUE TO										
Conditions, if an			Arterio	acle	roticcard	iovas	cular d	11988	180		
gave rise to immed	iote couse		111 001 10.	0020	7200200020	20100	ouzuz (12500			
(a), stating the v	inderlying DUE TO										
	7 (c)_	TIONIC CO	ALTRIALITING TO DELTE	ANTALO							
PAKI II. OIH	ER SIGNIFICANT CONDI	HONS CO	INTRIBUTING TO DEATH	RUINO	T RELATED TO THE TERMI	NALDISEASE	CONDITION GIV	EN IN PAR	T 1(a) 15		AUTOPSY RMED?
3									7	YES 🎇	NO []
PART II. OTH 200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS 206.	DESCRIBE	HOW INJURY OCCURR	PED. (Ent	er nature of injury in Part	f or Part II o	of item 18.)				
		201 1	ALMIAN OCCUPATED TOO	011.00							
20c. TIME OF INJUR	Y Manth, Day, Year	White		factory	OF INJURY (Home, farm, street, affice bldg., etc.	20f. (City	or fown)	(Cou	unty)		(State)
p. m.	19		rk at work								
21. I certify th	at I took charge	of the r	emoins described	above	, held an Autops	y 🔯 , In	spection 20,	Inquir	y X	an	d in my
opinion death	resulted fram: N	oturol c	guses TX Accide	ent 🗀	, Suicide , I	lomicide	Undete	rmined r	-	. []	
			1		, 50.6.66	Tomiciae	, Ondere	immed i	nume	" [_]	
ACTUAL O	0	AAA.	la		CHIEF MEDICAL EX	A SAINIER C				DATE S	IGNED
SIGNATURE	wmo.	VVV	woney		M.D. CHIEF MEDICAL EX						
EXAMINER'S					ASSISTANT MEDICA	AL EXAMINER				_	
NAME (Type)	John T. Ma	alon	ey, M.D.		DEPUTY MEDICAL I	EXAMINER X	Ju.	Ly 20),]	1958	
22a. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	/	22c. NAME OF CEMETER	RY OR CI	REMATORY	22d. LOCATI	ION (City, Agwn.	or county)		(State	n)
Burral	7-34-	55	Trande	an	n	240	askin	2 ton	2	25	2.
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS	280		BY REGISTR		TRAR'S SIC	SNATUR	E	
France	5 Funes	18	Home	001	N DATE JU	L 2 3 '5	B W.	fedu	ich		
	- Juine				Esec						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should be forwarded to the Chief Marial Examiner's Office along with form PM3. Page 5 may be referred to the Chief Marial Examiner's Office along with form PM3. Page 5 may be referred FUNERAL DIRECTOR: Page 3 should to see a buriol-transit permit. File pages 1 and 2 with the second resignated agent, prior to burial, cremation, or removal, and in any event within Z2-hours offer death VS. A15ME 5M 2/57

Company of	THE PARTY OF THE PROPERTY OF T	
	그리 가게 되었다면 하나 하는데 그는 그 그는 그 사람이 되는데 그 사람이 되었다. 그는 그는 그는 그를 다 살아 있다면 그는 것이다.	
1		
CONT.		
Mari	C 7,000 200 0500 0500 0000 0000 0000 0000 0	
Sport	tay II months on the contract of the contract	

2083182XV2

death. Page

within 24

HOSPITAL

O

HEASO TO STADEUTED	
accomplete the second s	
	Sept 100 of the
	DESCRIPTION OF STREET
	Sentente La le visivo II la companya de la companya
	DESCRIPTION OF STREET

uneral

O HOSPITAL

ന

0

P

81 380 41			PLAUTREM	
ate Suite Sales	ATE OF DEATH			
· of algory · college	, -, -		ale road	The Walter
		error 5	0.20 - 2	10000
305			\$ 1, box. 706	
July 30th.	page.	That	Allege	12,1124
	COST and the	Depart Arm	6224	elest
			-	esci
	Serbera Ptolner		A. Altermeren	
Seme # 2.	brook . Helen L. Moore			
		1	1000	
on the second se	The state of the s			
				AND THE RESERVE OF
	THE RESERVE OF THE PARTY OF THE	- North	Timber 2 to	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any deloy is necessary, please execute the certificate, writing the word "zending" in pencil in them. 18. Give Pages 1, 2, and 3 to the fungal director. Page 4 should be farworded to the Chief Med. Examiner's Office along with farm PM3. Page 5 may be rely for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Soard of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS. A15ME SM 2/57

1

08337

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	200				Reg. Dist. No.
1. PLACE OF DEATH					ution: Residence before admission)
0. 600.411	Prince George	MARYLAND	o. STATE Mary:	land b. COUNT	Pr. Geo.
b. CITY OR TOWN (III and give negret lown)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL and give nearest town)
College		5 years	14 Colle	ege Park	
		in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
9004 48	th Place		9004	48th Pace	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Chester	Leroy Y	ates	4. DATE Mont OF DEATH July	8, Poy Year 1958
5. SEX		MARRIED . NEVER MARRIED . 8		9. AGE (In years lost bribdey) 48 yrs.	Months Days Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole		12. CITIZEN OF WHAT COUNTRY
during most of workin	g life, even if refired)	Furniture	W. Virg	inia	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Ben Yate	8			tie Murphy	
	ER IN U. S. ARMED FORCEST	P 16. SOCIAL SECURITY NO. 17. H	NFORMANT		
	Ilf yes, give war or dates of service			Address	41 .
		E	leanor Yates	; same address	as # 2.
	TH (Enter only one cause pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Asphyxia			
917.	O DUE TO				
Conditions, if or	ny, which) (b)	Carbon mono	xide poisoni	ng	
gove rise to immed	liote cause				
(a), stating the couse fast.	(c)	Smouldering	bed cloths.		
		NS CONTRIBUTING TO DEATH BUT N		INAL DISEASE CONDITION GIV	FN IN PAPT ION 19 WAS AUTOPSY
OL					PERFORMED?_
200. EXTERNAL CAL	ICE MAC INC. DE	COMPENSATION OCCUPATED AS			YES NO NO
PART II, OTH 200. EXTERNAL CAL PRIMARY OF OF CAUSE OF DEATH.	ATRIBUTING L.I	SCRIBE HOW INJURY OCCURRED. (E			dender had alatha
					dering bed cloths.
20c. TIME OF INJUR	7-8-58	While Not while 20e. PLA	CE OF INJURY (Home, form ory, <u>st</u> reet, office bldg., etc		(County) (State)
p. m.	1-0-20	at work of work	ory, street, office bldg., etc Home	College Park	c, Pr. Geo. Md.
21. I certify th	of I took charge of	the remains described abo	ve, held on Autops	y , Inspection	Inquiry , and in my
		rol couses , Accident			rmined monner
opinion dean		Accident	Joicide,	riomicide [], Ondere	milled monner
ACTUAL (NO TON	10/2000	CHIEF MEDICAL E	YAMINED [7]	DATE SIGNED
SIGNATURE	Jun J. H	rangual	,м.р.		
EXAMINER'S		1	ASSISTANT MEDIC		
NAME (Type)	John T. Ma	loney, M.D.	DEPUTY MEDICAL		3-58
220. BURIAL, CREMATIO	7/11/58	Tt Lincoln Ce	CREMATORY metery	Colmar Mano	or county) or , Md . (Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	240. REC		STRAR'S SIGNATURE
F. Gas	ch's Sons H	lyattsville, Md.	DATE	JUL 1 1 '58 \ \(\tag{U}	Sheduch

			AND PROPERTY OF STREET	
				galletin og spillet.
HE WELLEN BOOK			Prince Destrict	
	Maria Destina	autor 3	7243	asa_fo0
				10 March 198
	ra 4 Ktild sides		95 417 68	
,3 750		secal with	roduntil	
	33, 1007	de0 Dissess I	lener siid	е
	mine will a	e2.02#	of Ten	aviral in
	gigunt sidasi			352 ms
	o Yaher; case 6	aczylich i		
	palitoning	shirtons and sal		
	elicks.	had and tables and		
mildo had gorren Comm		the of the said		
Freit, fr. ben. Mr.	entitol e		7-8-58	31
		State of the state		
The state of the state of	Elifabeth width recept State of a compared		general .7 min.	
		A L. valleves	and and other	Sec. 311.

力	7	1
	17	-
		-+1

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8340

CERTIFICATE OF DEATH

R. D. S. 3.3.8

	ACE OF DEATH COUNTY	Pr. Geo	orge	MARYLAN		SUAL RESIDENCE	~	b. COUNTY		e before admission)
	CITY OR TOWN RURAL ond give ondale	(If outside corparate neorest town)	e limits, write	c. LENGTH OF STAY IN	1b c	. CITY OR TOWN (If outside corpor hing to		RURAL ond gi	ve nearest town)
Ca	NAME OF HOSP OR INSTITUTION	ITAL (If not in hospi Vanor	tal, give street	address)		4012	- 1st	P1. S.	W •	e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF ECEASED ype ar print)	Anna	First	Middle R	-	Zinke	4. DATE OF DEATH	July	oth 4th.	Day Year 1958 19
5. SE		6. COLOR OR R	ACE 7. MARI	RIED NEVER MARRIED	- 0	TE OF BIRTH	79	9. AGE (In years lost birthdoy) 78 yrs	Months [YEAR IF UNDER 24 HRS. Days Hours Min.
10a. I	during mondo	ION (Give kind of verking life, even if re	wark done 10b. etired)	at home	NDUSTRY	New Yo	rk rk	ountry)	12. CITI2	U.S.
	John Ri	ppe			14.	Mary Ja		uire		
	/AS DECEASED EV	ER IN U. S. ARMED			Mrs.		a Lepp		dress -	lst Pl. S
		ATH WAS CAUSED IMMEDIATE CAU Du ony, which immediate the under-	BY:	ne for (o), (b), and (c).] Cerelle Lga	wal	scular		m bosci	ensis	INTERVAL BETWEEN ONSET AND DEATH 36 4.
CERTIFICATION	PART 11. O	THER SIGNIFICANT	CONDITIONS	Chem	BUTNOT	Congos w	. 11	e condition GI	VEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WORLD CONTRIBUTION OF EITHER, NOTIF	AS UNDERLYING DE CAUSE OF DE Y MEDICAL EXAMIN	20b. DES	CRÍBE HOW INJURY OCCU	JRRED. (En	er noture of injury	in Port 1 or Port	II of item 1B.)		
MEDICAL	Oc. TIME OF INJU Haur a. m. p. m.		While		e. PLACE C factory,	F INJURY (Home, fi street, office bldg.,	etc.)	or town)	(Co	ounty) (State)
A	21. I certify alive an actual	Habee HABE	195 b Bac	. //	M.D.	, 1958 , to urred at 11 . \$ Cl			and an th	ast saw the decease date stated above
220. Bu	BURIAL, CREMATI	7-11		22c. NAME OF CEMETER Vale	RY OR CRE	MATORY		nectady	4	N . Y .
23. FL	Lee Ful	r's signature neral #0	ome -	300 -4th S	t N.	E. D. GAR.	TUL 7 '5	-	ISTRAR'S SIG	

	DEPARTMENT OF HEALTH-PALTIMORE, TO	STATE GHAITSA	
1	ESTRECAME OF DEATH		
			193 (No. 1931)
To Bear	The All Share		
	Tank the Localin		
	first areas and supply still are true		
	an Albert State of the Mark St		
	THE STREET STREET		
	10 Chi. S.a. H. 4.39 MA		Levertul and
THE STATE OF THE S			